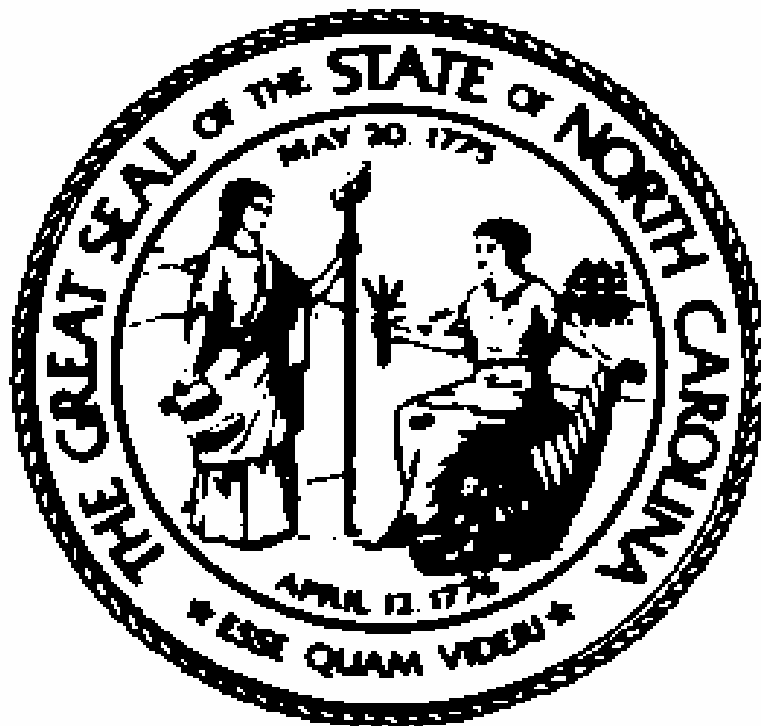**FAMILY RESOURCE CENTER AND RESPITE PROGRAMS**

2007 ANNUAL REPORT

Pursuant to G. S. 143B-152.15

December 2007

DIVISION OF SOCIAL SERVICES
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Executive Summary

This report presents data and findings from Family Support programs in North Carolina funded through the State Division of Social Services, Family Support and Child Welfare Section. This report covers three models of Family Support service, Family Resource Centers (FRC), Respite programs, and Special Initiatives (Fatherhood, Healthy Marriage and Faith Based Programs). Funding for these programs comes from federal Title IV-B, subpart 2, of the Social Security Act, federal Community Based Child Abuse Prevention (CB-CAP), and State monies. The information in this report covers the period July 1, 2006 to June 30, 2007.

Thirty-six Family Resource Centers, six Respite programs, and two Special Initiatives were fully or partially funded during this reporting year. They served 77,858 duplicated participants, duplicated meaning that some participants were counted more than once because they received multiple services. Six thousand nine hundred and ninety-five (6,995) individuals from 5,061 families participated in targeted, ongoing, Individualized Statistics activities for which outcome assessments were completed. One thousand two hundred and fifty (1,250) families had multiple family members participating in such activities.

Family Resource Centers may select six of ten core services to provide, two of which must be Academic Success Programs/Tutoring and Parent/Child Participation. Based on information recorded in the database, programs are meeting the goals of service provision and improved family functioning in those as well as in other areas. It is notable that in 2006-2007, approximately 13% of the recipients of individualized services participated in Academic Success Programs/Tutoring, and approximately 3% received Parent/Child Participation services. These percentages are lower than those recorded in 2005-2006. This may be explained by the fact that in August 2006, changes in the service types and their definitions were implemented into the database. As a result, percentage changes from 2005-2006 to 2006-2007 may be due to workers recording service type information differently, although it is not possible to determine definitively if this occurred.

Programs are required to use an on-line (Internet-accessible) database for reporting data regarding service provision and outcomes. The North Carolina Family Support Outcome Scale (NCFSOS) is used to measure participants progress in meeting outcome goals related to service areas.

NCFSOS assessments clearly indicate that Family Resource Centers and Respite programs are meeting their goals to help both individual family members and families, as a whole, develop skills to strengthen their relationships, increase family functioning, promote

child well-being, and prevent child abuse. Most families participating in FRCs and Respite programs already possess many strengths; thus, they often participated in these programs to increase strengths in some targeted areas for their families.

All NCFSOS domains showed a significant percentage of participants increased their strengths by at least one point. In the Overall Child Functioning Domain, nearly one-half of participants saw an increase in strengths for the Child s Behavior (49.04%), and over one-half for the Child s School Performance (52.09%) items. Child s School Performance is a direct measure of Academic Success Programs/Tutoring, one of the required core services. Parent/Child interactions also indicated significant positive change, with nearly one-half (47.48%) of participants showing increases in this item found in the Overall Family Functioning domain.

Family Resource Centers and Respite programs can have a meaningful impact as part of the continuum of child welfare service. The Division recognizes this potential and includes them as a part of their program improvement plan in the following areas:

- Safety Outcomes
- Permanency Outcomes
- Well-Being Outcomes

The Division also offers mandatory training to all Family Support Program staff to ensure that they possess necessary skills to provide effective services to families.

With the Multiple Response system now in place for all 100 counties, Family Support Programs and county DSSs are now more aligned in their service philosophy. Collaboration with FRC, Respite, and Special Initiatives programs is expected to benefit the local DSS, the family, and the community.

2007 ANNUAL REPORT

Introduction

This report details the activities of Family Resource Centers, Respite, and Special Initiatives programs funded by the State Division of Social Services (DSS) during state fiscal year (SFY) 2006-2007. During this time a total of thirty-six (36) Family Resource Centers, six (6) Respite programs and two (2) Special Initiatives were funded, providing one or more services types in thirty-six counties (See Appendix A). These programs were funded through federal IV-B, subpart 2, of the Social Security Act, federal Community Based Child Abuse Prevention (CB-CAP) dollars, and State funds. The activities of all Family Resource Centers, Respite, and Special Initiatives programs[1] were reported in the North Carolina Family Support Database, an online database managed by the Performance Management/Reporting and Evaluation Section of DSS, with assistance from Appalachian State University s Community Based Programs Evaluation Team through a contract with the Division.

History of Family Support in North Carolina

Family Support programs were initially funded in North Carolina in 1994 with federal funds designed to plan, develop, and implement services to strengthen and support families and children. In 1997, the Adoption and Safe Families (ASFA) Act was passed, which included changes in the way Family Preservation and Family Support programs are funded. Formerly known as the Family Preservation and Support Services Program, this funding was renamed the Promoting Safe and Stable Families Program. Language concerning child safety was added to the definitions of Family Support programs, funding was increased, and two additional models of service were funded: Time-Limited Reunification Services and Adoption Promotion and Support. The idea that innovative approaches are necessary to achieve the goals of safety, permanency and well-being for children is one of the key principles of the Safe and Stable Families Act. Programs operating under the Family Support model are appropriate for implementing this principle, as they are often able to respond to particular needs of families and children in a more flexible manner than are governmental child welfare agencies*.*

Coinciding with the passage of ASFA, North Carolina held a special legislative Session on crime. Because of the special Session, funding became available for a network of Family Resource Centers. The legislative intent was to target the neighborhoods that have

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[1] For the remainder of this report, the information concerning the Special Initiatives is included with the Family Resource Centers.

disproportionately high levels of: 1) children who would be less likely to attain education or social successes, 2) families with low incomes, and 3) crime and juvenile delinquency.   In 1996, the federal Community Based Family Resource and Support Grants (CBFRS, now CB-CAP) became available to provide states with additional incentives to create statewide networks for ensuring the safety of children in their families and neighborhood.   This legislation recognizes that individual child abuse and neglect prevention programs cannot operate without the involvement of the entire Family Support and Child Welfare community.

These programs are all within the Department of Health and Human Services, although originally oversight was shared between the Division of Child Development (DCD) and Division of Social Services (DSS). Beginning with SFY 1998-1999, programs previously managed by DCD were moved to DSS. It was determined that DSS would be the most appropriate agency to continue management and oversight of these programs due to the continuum of services offered by the Division. Both programmatic consultation and data collection and analysis are performed by the Division with Appalachian State University assisting in the areas of data collection and analysis.

Family Resource Centers and Respite Programs – Definitions and Philosophy

According to family support researchers Dunst, Trivette and Deal (*Enabling and Empowering Families: Principle and Guidelines for Practice*, 1998), empowering families to be able to meet their needs is not merely a matter of ensuring those needs are met, rather it is the manner in which the needs are met that is key. Family Support programs offer a strengths based, community centered, and family friendly approach to meeting those needs.

Seven Premises of Family Support

> ➢ Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
> ➢ Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
> ➢ Children and families exist as part of an ecological system.
> ➢ Child-rearing patterns are influenced by parents understanding of child development and of their children s unique characteristics, personal sense of competence, and cultural and community traditions and mores.
> ➢ Enabling families to build on their own strengths and capacities promotes the healthy development of their children.
> ➢ The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
> ➢ Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.
>
> From Family Support America

Family Resource Centers

Family Resource Centers (FRCs) are community based Family Support programs that can provide a variety of service needs for families in one location. See Appendix B for FRC/Respite Sites. This one-stop approach allows families to address multiple needs in a family friendly atmosphere, staffed by community members, often former clients themselves. By locating FRCs within neighborhoods, families can often avoid having to negotiate transportation and childcare issues when they visit the center. Many centers offer child care or programs designed for children and youth concurrently with programs for parents so that all family members can participate in programs that address their individual needs as well as those of the family as a whole.

Principles of Family Support Practice

> - Staff and families work together in relationships based on equality and respect.
> - Staff enhance families capacity to support the growth and development of all family members adults, youth, and children.
> - Families are resources to their own members, to other families, to programs, and to communities.
> - Programs affirm and strengthen families cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
> - Programs are embedded in their communities and contribute to the community building process.
> - Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
> - Practitioners work with families to mobilize formal and informal resources to support family development.
> - Programs are flexible and continually responsive to emerging family and community issues.
> - Principles of family support are modeled in all program activities, including planning, governance, and administration.
>
> From Family Support America

FRC s have flexible hours, structured to meet the needs of the communities they serve, which allow family members to access services without having to miss work or school. Finally, because they are not located within DSS or Mental Health facilities, families may feel less of a stigma in contacting and receiving assistance from an FRC. Services are offered from a strengths based perspective and incorporate the nine principles of Family Support practice.

FRCs are designed as prevention programs and a family that is able to access help through a resource center may avoid becoming a Child Protective Services (CPS) family. By targeting a wide range of needs within the family, FRCs are able to help individual family members, strengthen the family as a whole, and increase community involvement. This has a reciprocal effect, as stronger communities then foster strong families and protect children. The community connection is important in FRCs as the needs of communities across the state vary widely and can change much faster than governmental policy or law. By specifying certain core services that all centers should provide, and then allowing flexibility in the kinds of additional services offered, the Division allows each FRC to mold itself into a unique center, providing targeted services specifically for the community in which it is located. Centers in one area of the state may look quite different from those in another area because of the differing needs in the two communities. See Appendix C for the Statewide Distribution of Programs by Model of Service.

Respite Services

Although some FRC s provide respite services, the Division also funds programs specifically for the provision of Respite services. These services also fall under the Family Support model of service and are dictated by the needs of the community and the structure of the agencies providing the services. Some respite programs operate on a voucher system, where participants are given vouchers for respite providers; some operate facilities where children may stay for a predetermined amount of time; while others offer structured activities for children so that parents have a few hours on their own. These services provide a much-needed break for parents and caregivers, particularly of special needs children. Knowing that they have hours or days where they can take time for themselves may act as a pressure release valve for many parents and decrease incidents of child abuse or neglect.

Core Services

While allowing FRCs to remain flexible to the specific needs of their communities, North Carolina recognizes that there are core services that should be provided by all state funded programs. To address these needs, General Statute 143B-152.1 requires that all centers receiving state or federal funding be evaluated to assess their effectiveness in achieving five specific program goals. These goals are:

1. Enhance children s development and ability to attain academic and social success.

2. Promote successful transition from early childhood education programs and childcare to the public schools.

3. Assist families in achieving economic independence and self-sufficiency.

4. Mobilize public and private community resources to help children and families in need.

5. Ensure that plans are designed and implemented to provide families with services in a holistic manner.

Ten core services were developed that included Parent Education/Parent Support Groups, Academic Success Programs/Tutoring/Lending Libraries, Child and Youth Development, Parent/Child Participation Programs, Adult Literacy/Adult Education, and Health Services/Health Education, Occupational Skills/Job Readiness/Job Placement, Transportation, Community Building, and Individual Family Services Coordination. See Appendix D for the Ten Core Services for Family Resource Centers. Each of the Family Resource Centers funded by the Division is required to provide six of these ten services, either on site or through collaborative arrangements with other public and/or private providers in the community. As of July 1, 2002, all Family Resource Center programs were required to provide Academic Success and Parent/Child Participation programs as two of their core services. Other services may be provided at the Center as dictated by the specific needs of the local community.

Community Collaboration

In addition, the statute requires programs to collaborate with other public and private agencies involved in the provision of Family Support services as well as eliminate duplication of effort at the local level in order to maximize resources. The Division required a memorandum of agreement between funded resource centers and the county DSS. In a letter to both county DSS Directors and funded FRC programs, the Division specified that this collaboration should include a plan to implement one or more of the following as a strong core service component : (a) prevent and remedy child maltreatment; (b) reunify foster children with their families; and/or (c) recruit and support foster and adoptive families.

Evaluation

North Carolina Family Support Database

The North Carolina Family Support Database is an on-line database developed in order to monitor the performance of all Family Resource Centers, Respite programs and Special Initiative Programs, relative to their stated programmatic goals and requirements. Initially developed in conjunction with the Human Service Smart Agency at the University of North Carolina s School of Social Work, since November 2000, the database has been housed and maintained by Appalachian State University s Social Work Program and Institute for Health and Human Services. Because the database is on-line, it can be updated and modified without costly redistributions, and its reporting capacity is beneficial to individual centers as well as to the Division. Summary data are available for a single center, by county, as well as for the entire state. In addition to the Division s use of this data to assess achievement of programmatic goals, many organizations use their own data to report to their boards, the community, and apply for additional funding.

Over the last several years, many modifications have been made to both the user interface (front-end) as well as to the design and structure (back-end) of the database. These changes have served to make the system more user friendly for staff, enhance reporting capacity, and reduce the possibility of data entry error, thereby improving data quality. Features have been added which allow staff to review activities by participant or by date, making it possible to see how often an activity occurred, or how frequently a particular participant attended. Additional features were put in place to eliminate duplicate steps when entering multiple data of a similar type (such as when adding all participants at the beginning of an activity) saving staff considerable time. FRCs also can run reports that summarize one activity in particular, or all activities for their center. They can select the year for which they wish to run the report, allowing historical trends to be documented. A participant name check feature was also added. The name check searches for similar names when a participant is added for the first time, reducing the chances that the same individual will be entered multiple times. A missing items report functionality allows state staff to check organizations data quickly to ensure activities and participant information is entered completely, correctly, and in a timely manner.

In addition, workers record the type of service provided (i.e., Service Types) for the activity within the database. In August, 2006, changes were made to the Service Types and to

the definitions for the Service Types to more closely align them with existing services and programs as well as with evidence-based and promising practices program models. These changes are detailed under the heading, North Carolina s Family Resource Center (FRC), Adoption Promotion and Support, and Respite Work Group found later in this report. It is important to recognize that the use of the revised Service Types and definitions impact the figures presented in this report. However, it is not possible to determine the direct effects of these changes on the data reported.

Data Collection

The database records information regarding the type of services provided by the center, as well as the participants in each activity. Two types of activities are entered in the database: Individualized Statistics activities and Summarized Statistics activities. Individualized Statistics activities are intended to address a specific need, take place over a time span of weeks or months, and involve sufficient one-on-one interaction so that an outcome assessment may be completed for each participant on the North Carolina Family Support Outcome Scales (NCFSOS). See Appendix E for the Family Support Outcome Scale. Examples of such activities include Parent Support Groups and After-School Homework Help programs. See Appendix F for Definitions for Family Support Outcomes Scales. For these activities, a record is kept of each participant session that includes the specific type of service that was provided. Demographic information about these participants is collected including age, race, educational background, and any special needs of the participant herself or any other family members. Since Individualized Statistics activities are designed to meet a particular need, certain desired outcomes can be identified and outcome assessments are completed for all participants.

Summarized Statistics activities are usually one-time events, and due to their structure, do not allow for meaningful outcome assessment of participants. These activities typically involve large groups of participants (though not always) and are often of an Information and Referral nature. For instance, an organization may make information from community health care providers available for their clients, may make staff from the county Health Department available to answer clients questions, and/or may facilitate a Health Fair. Activities of this type are typically captured as Summarized Statistics activities. (Even in the case of other more personalized information and referral activities, such as someone dropping in at the center to obtain assistance for a job search, etc., it may not be possible to know if the individual followed up with the referral or what impact the referral may have had on the individual s well-being, thereby making it inappropriate to attempt an assessment. This type of service also would be

captured as a Summarized Statistics activity.) In addition, recreational activities provided by a center to participants who are also involved in other, more intense activities at the center are often captured as Summarized Statistics. Activities of this nature, such as a Family Game Night, do build overall goodwill and forge connections between families coming to the center; however, they are not suitable for outcome assessments.

Participant Demographics and Services Summary

Family Resource Centers and Respite programs served 77,858 participants in fiscal year 2006-2007. Since only aggregate demographic figures are collected for Summarized Statistics activities, this number includes an unknown percentage of clients being counted more than once (if they participated in both Individualized Statistics activities and Summarized Statistics activities). Six thousand nine hundred fifty-five (6,955) individuals from 5,061 families participated in targeted, ongoing, Individualized Statistics activities (See Table 1). Of these 6,955 persons, 1,347 participated in two or more such activities. There were 9,036 participants in Individualized Statistics activities where specific outcomes were targeted and assessments completed. One thousand two hundred fifty (1,250) families had more than one family member participate in an activity where outcome assessments were completed. Again, since aggregate demographic figures are collected, there is no way to determine how many families had multiple family members participating in Summarized Statistics activities. An estimated 68,822 people participated in 1,184 Summarized Statistics activities (See Table 2).

Table 1 – Summary of Individual Statistics Activities Statewide

Number of Activities	493
Average Length (in days)	159.65
Average Duration of Sessions (in hours)	4
Participants (duplicated)	9036
Participants (unduplicated)	6955
Persons Participating in More Than One Activity	1347
Number of Families	5061
Families Having More than one Participant	1250

Table 2 – Summary of Summarized Statistics Activities Statewide

Number of Activities	1184
Duration of Activities (sum of all activities in hours)	6415
Participants (duplicated)	68822

Table 3 provides demographic information regarding participant age, ethnicity, and gender. The table compares the demographics of the populations served in 2006-2007 with the populations served in 2005-2006. For example, there was approximately a 14.58% decrease in adolescents (13-18 year olds) served in 2006-2007, and a 9.19% decrease in males served. Over one-third (34.83%) of participants in Individualized Statistics activities were children under the age of 13, while just under half (48.45%) were 18 or younger. Approximately 40% (40.30%) were between the ages of 19 and 49, many of whom may be parents who rely on the activities offered to strengthen parenting skills. Over half (61.94%) of the participants were female; a demographic factor that tends to statistically indicate that a client may be more economically disadvantaged and often dependent upon Child Welfare services.

Table 3 – FRC/Respite Participant Demographics

Age of Participants	Individual Activities		Summary Activities*	
	Number	Percent	Number	Percent
0 - 5	1,032	14.84%	11,228	16.31%
6 - 12	1,461	21.01%	20,576	29.90%
13 - 18	908	13.06%	11,266	16.37%
19 - 29	1,151	16.55%	6,175	8.97%
30 - 39	928	13.34%	7,347	10.68%
40 - 49	669	9.62%	5,180	7.53%
50 - 59	443	6.37%	3,721	5.41%
60+	362	5.21%	3,329	7.61%
TOTAL	6,954	100.00%	68,822	102.77%

Race of Participants	Individual Activities		Summary Activities*	
	Number	Percent	Number	Percent
African American	3,049	43.84%	33,925	49.30%
Asian American	28	0.40%	328	0.48%
European American (Caucasian)	2,952	42.44%	22,498	32.69%
Hispanic	527	7.58%	9,507	13.81%
Native American	286	4.11%	858	1.25%
Other	113	1.62%	1,701	2.47%
TOTAL	6,955	100.00%	68817	100.00%

Gender of Participants	Individual Activities		Summary Activities*	
	Number	Percent	Number	Percent
Female	4,308	61.94%	39,772	57.79%
Male	2,647	38.06%	29,050	42.21%
TOTAL	6,955	100.00%	68,822	100.00%

Table 4 provides the service types delivered through activities and the units of service provided for each type. For Summarized Statistics, units of service are identical to the number of participants. For Individualized Statistics, service type deliveries (activity session log entries) are counted, rather than participants, in order to obtain a more accurate portrayal of the total services provided through each activity. If an individual attended a Parenting Class eight times, for example, they were recorded as having received eight units of service. Using this methodology, activities that were more long term and required more resources appear with more units of service than shorter duration activities with similar numbers of attendees.

By far, the most units of service for Individualized Statistics Service Type Activities were devoted to Respite Care (21.16%), Service Coordination/Case Management (14.88%) and Health Education (14.56%). Child and Youth Development (43.40%) is the most commonly

identified service type for Summarized Statistics activities, followed by Fatherhood (18.49%) and Individual & Family Counseling (8.43%). The percentage increases from 05-06 to 06-07 for both individualized and summary activities related to the service type Fatherhood are notable. As previously noted, 06-07 statistics were affected by changes made to the Service Types used for recording activities and their definitions. The changes were implemented into the database in August, 2006. Workers thus recorded Service Type Activities using the original Service Types for one month and then they recorded Service Type Activities using the revised Service Types and definitions for the remaining 11 months of the fiscal year. As a result, the data are affected by these changes, although it is not possible to determine the exact effect of these changes on the data. It is important to view these figures within this context.

Table 4 – FRC/Respite Service Types/Participant Percentages

Service Type	Individual Activities		Summary Activities*	
	Number	Percent	Number	Percent
Academic Success Programs	9,329	12.71%	858	1.25%
Adoption Promotion/ Support	1,646	2.24%	749	1.09%
Adult Education	5,399	7.35%	2,674	3.89%
Case Management	10,925	14.88%	2,135	3.10%
Child Development	0	0.00%	29,867	43.40%
Client Advocacy	251	0.34%	1,316	1.91%
Faith-Based Programs	0	0.00%	550	0.80%
Family Education/ Skill Training	0	0.00%	3,158	4.59%
Family Reunification	0	0.00%	1,551	2.25%
Fatherhood	5,761	7.85%	12,722	18.49%
Health Education	10,687	14.56%	854	1.24%
Healthy Marriages	0	0.00%	1,164	1.69%
HIV Education	0	0.00%	1,023	1.49%
Individual & Family Counseling	763	1.04%	5,804	8.43%
Information & Referral	0	0.00%	526	0.76%
Leadership Development	2,789	3.80%	3,870	5.62%
Job Skills/Readiness/Placement	0	0.00%	0	0.00%
Other	3,894	5.30%	0	0.00%
Parent/Child Participation	2,069	2.82%	0	0.00%
Respite Care	15,533	21.16%	0	0.00%
Self-Sufficiency	4,134	5.63%	0	0.00%
Service Coordination	0	0.00%	0	0.00%
TOTAL	73,180	100.00%	68,821	100.00%

North Carolina Family Support Outcome Scale

The North Carolina Family Support Outcome Scale (NCFSOS) is a strengths based assessment tool developed specifically for measuring outcomes across the wide range of services offered by Family Support programs. It has been incorporated into the on-line database and is the assessment tool used by all FRC and Respite programs funded by the Division. An NCFSOS is completed for all participants in Individualized Statistics activities to measure their progress relative to the target goal of the activity (See Appendix G). All outcomes are tied to the goals and outcomes mandated for these programs, either through legislation or through Division policy.

The NCFSOS is divided into five domains, each of which measures several broad areas through subscales:

- Overall Child Functioning
- Overall Parent Functioning
- Overall Family Functioning
- Family s Relationship to the Community
- Overall Individual Functioning

Because of the large array of potential services, each item in the scale addresses a very complex issue with a single global phrase. While this helps to keep the scale as brief and manageable as possible, it does result in less precision in the rating of each item. A good example of this is the subscale titled "Parenting Skills, Knowledge, and Attitudes" (item B-I), which addresses a range of possible outcome goals stated by parent education programs across the state: increasing positive child discipline techniques, increasing parents' knowledge of appropriate developmental behavior, improving parents' attitudes towards child-rearing and their children, and so on. In previous years, staff at centers had some difficulty with the degree of latitude given to them in choosing which scale items and which domains to use to evaluate a particular client s participation in an activity. These concerns have been addressed to some degree by enhancements to the NCFSOS made during the SFY 2003-2004. Changes to the service types in SFY in 2005-2006 and implemented in August, 2006 into the database also addressed these concerns to a degree. A NCFSOS scale is completed for each participant in all Individualized Statistics activities. It is important to note that, if an individual participates in a Parenting class and a GED class, he or she will have separate assessments for each of those activities, as the targeted outcomes for each class are different. FRC staff complete the intake assessment as soon after the beginning of the activity as is practical, and only those subscales that are directly related to the outcome goals of the activity being provided are rated.

Results

   Tables 5 through 9 show the results for all domains covered by the NCFSOS. For each subscale, the tables indicate the total number of participants who were evaluated using that particular subscale and the number and percentage of participants achieving each level of change. By assigning a value of 1 to the rating weak strength and a value of 5 to clear strength , movement along this continuum is shown in the results of the NCFSOS.   Moving backward (from a solid strength to a mild strength, for example) would result in an assessment score of less than or equal to -1 , while moving forward would result score of +1, +2, or +3 or more, depending on the distance moved. A score of zero indicates that there was no change in the rating from intake to closure. It is important to note that a score of 0 , or no movement, does not necessarily indicate any weaknesses in the family interactions. If a participant came to the center with strengths in certain areas, and the subscales addressing those areas were rated accordingly at intake, there may not be a change in those areas at closure. This may be due to the FRC and participant concentrating their efforts in other areas, where the individual was not as strong. A score of 0 might also indicate a stabilization of the participant issues related to the subscale. This occurrence would generally be characterized as positive.

   The results of the NCFSOS assessments clearly indicate that FRC and Respite programs help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. All domains showed that participants generally enhanced their functioning or retained previously effective levels of functioning. Very few participants overall saw a decrease in functioning.

   In the Overall Child Functioning Domain (Table 5), over one half of participants saw an increase in strengths for the Child s Behavior (51.55%), and Child s School Performance (52.09%). Child s School Performance is a direct measure of Academic Success Programs/Tutoring, one of the required core services. An additional (46.52%) of children maintained their level of School Performance. As mentioned previously, this does not mean that the activities in which they participated had no effect. Rather, the participants who maintained the same level of School Performance may have been strong in that area at intake and, therefore, FRC staff focused on other areas of possible improvement.

Table 5 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Child Functioning

Overall Child Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Child s Developmental Status	1.06% 34	49.91% 1607	37.89% 1220	9.94% 320	1.21% 39	3220
Child s Physical Health	1.67% 46	61.08% 1687	31.35% 866	4.56% 126	1.34% 37	2762
Child s Mental Health	1.49% 40	62.15% 1665	29.56% 792	5.00% 134	1.79% 48	2679
Child s Behavior	1.70% 54	46.76% 1486	38.96% 1238	10.86% 345	1.73% 55	3178
Child s School Performance	1.38% 30	46.52% 1009	38.40% 833	11.80% 256	1.89% 41	2169
Teenager s Movement Towards self-sufficiency	1.78% 13	57.79% 423	26.91% 197	8.61% 63	4.92% 36	732

In the Overall Parent Functioning Domain (Table 6) more than one-half of parents increased their Parenting Skills, Knowledge, and Attitudes (57.35%) and their Sense of Support in Parenting Role (54.75%). One-half (50.44%) of parents increased Participation in Community Groups and Activities. Increased knowledge and confidence, as well as support, can relieve the stress and anxiety of parenting and lead to a decrease in child maltreatment. Over 40% of the participants increased Educational Attainment (44.70%) and Leadership Skills (44.42%).

Table 6 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Parent Functioning

Overall Parent Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Parenting skills, knowledge, and attitudes	0.85% 21	41.80% 1035	41.68% 1032	11.95% 296	3.72% 92	2476
Parent s sense of support in parenting role	0.97% 22	44.27% 1001	40.34% 912	10.39% 235	4.02% 91	2261
Parent s physical health	2.99% 56	64.48% 1209	21.71% 407	6.88% 129	3.95% 74	1875
Parent s mental health	1.51% 28	61.85% 1146	23.96% 444	8.47% 157	4.21% 78	1853
Parent s educational attainment	0.87% 17	54.43% 1069	29.07% 571	11.30% 222	4.33% 85	1964
Parent s leadership skills	1.00% 18	54.59% 982	27.24% 490	11.95% 215	5.23% 94	1799
Parent s participation in community groups and activities	1.29% 22	48.27% 825	28.73% 491	15.33% 262	6.38% 109	1709

In the Overall Family Functioning Domain (Table 7), FRCs are meeting the mandate to improve parent/child interactions. Nearly one-half (47.48%) of participants showed increases in Parent/Child Interactions/Relationships. Nearly the same percentage (49.24%) of participants showed an increase in Family Communication while (37.91%) improved the Ability to Meet Basic Economic Needs.

Table 7 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Family Functioning

Overall Family Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Parent-child interactions, parent-child relationship	1.10% 23	51.43% 1080	30.14% 633	13.10% 275	4.24% 89	2100
Family Communication	0.79% 15	49.97% 954	30.54% 583	13.72% 262	4.98% 95	1909
Family cohesiveness, mutual support	1.56% 24	62.38% 960	22.74% 350	7.41% 114	5.91% 91	1539
Physical, learning, emotional environments at home	1.16% 16	65.26% 900	19.94% 275	7.25% 100	6.38% 88	1379
Informal social support	1.25% 19	64.58% 979	20.78% 315	7.39% 112	6.00% 91	1516
Family economic self-sufficiency	1.44% 28	61.31% 1193	24.92% 485	7.40% 144	4.93% 96	1946
Ability to meet basic economic needs	1.26% 25	60.83% 1210	25.74% 512	7.29% 145	4.88% 97	1989
Ability to solve family disputes without violence	1.28% 16	67.52% 846	16.04% 201	8.46% 106	6.70% 84	1253

Centers have also been successful in the domain of Families Relationships to Their Community (Table 8). Most items within this domain showed increases for nearly one-half of participants. The greatest increase was in the area of Family s Knowledge of Available Human Services (57.36%).

Table 8 – NCFSOS Outcome Assessments
Level of Change per Participant – Family's Relationship to the Community

Family's Relationship to the Community	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Family s knowledge of available human services	0.63% 13	42.02% 869	35.74% 739	13.54% 280	8.08% 167	2068
Linkages between family and community resources	0.67% 14	55.02% 1157	29.86% 628	8.80% 185	5.66% 119	2103
Relations between family and human services staff	0.80% 14	53.46% 935	29.96% 524	9.78% 171	6.00% 105	1749
Family s participation in FS program governance	1.22% 13	59.01% 629	21.58% 230	9.38% 100	8.82% 94	1066

The overall Individual Functioning domain (Table 9) is primarily intended to address participants who have no immediate family or who are not participating in activities directly related to their family and associated needs. An unmarried female earning a GED, or a male attending ESL classes, then, would be assessed under this domain. Over two-thirds of those individuals increased their Skills, Knowledge, and Attitudes (60.52%) and their Sense of Support (62.37%). Over 50% increased their Educational Attainment (54.56%) and nearly 50% their Leadership Skills (49.74%).

Table 9 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Individual Functioning

Overall Individual Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Individual s skills, knowledge, and attitudes	0.49% 16	38.99% 1271	35.18% 1147	21.81% 711	3.53% 115	3260
Individual s sense of support	0.57% 15	37.07% 983	32.99% 875	25.23% 669	4.15% 110	2652
Individual s physical health	0.80% 17	59.78% 1268	17.49% 371	16.08% 341	5.85% 124	2121
Individual s mental health	0.94% 20	58.79% 1247	17.92% 380	16.22% 344	6.13% 130	2121
Individual s educational attainment	0.79% 19	44.64% 1067	23.68% 566	24.77% 592	6.11% 146	2390
Individual s leadership skills	0.82% 17	49.45% 1027	20.37% 423	22.29% 463	7.08% 147	2077
Individual s participation in community groups & activities	0.65% 14	43.00% 931	25.68% 556	23.23% 503	7.44% 161	2165

Fiscal Analysis

In SFY 2005-2006 the Division awarded contracts totaling $3,080,000. This amount included $2,000,000 in federal IV-B2, $480,000 in federal Community Based Child Abuse Prevention (CB-CAP), and $600,000 in State monies. Family Resource Centers received funding from IV-B2, CB-CAP, and State funds; however, the majority of FRCs were wholly funded through IV-B2. Respite programs were funded entirely with CB-CAP funds. For a more specific breakdown of how specific contracts were funded, please see Appendix A.

New Opportunities

Re-bid of all funded programs

In January, 2007, the Division released the Request for Application (RFA) for the Family Support/Family Resource Centers. Agencies were required to provide promising practices/evidence based programming to their target population to reduce the risk factors of child abuse and increase the protective factors of child abuse. Evidence-based programs and practices are those that integrate the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences. These programs articulate a theory of change that specifies identified outcomes. The Division funded 31 agencies that will be providing promising practice/evidence based programs for a two year contract period.

Multiple Response

In 2002, the Division began implementing Multiple Response (MRS) as a family centered alternative approach to traditional child welfare that was incident and child focused. Family centered practice is the philosophy behind MRS, as well as the foundation for Family Resource Centers. According to the MRS policy, the six family centered principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

These principles are complementary to the Principles of Family Support and Family Support Practice to which FRCs are committed.   FRCs can fulfill a variety of needs for families while they are working with DSS, particularly around the seven principles of MRS. The principles are:

Seven Principles of Multiple Response

➢ Collaboration between the Work First Family Assistance and child welfare programs.
➢ A strengths-based, structured intake process.
➢ A choice of two approaches to reports of child abuse, neglect, or dependency.
➢ Coordination between law enforcement agencies and child protective services for the investigative approach.
➢ A re-design of in-home services.
➢ Implementation of Child and Family Team meetings during the provision of in-home services.
➢ Implementation of shared-parenting meetings in child placement cases.

If properly utilized, Family Resource Centers can provide preventive services that are needed in the Family Assessment track of Multiple Response, while also providing community friendly locations for Child and Family Teams and Shared Parenting meetings. Resource Centers have hosted visitations between parents and their children when the children have been in foster care. They can also help families with achieving goals in their DSS case plan, such as offering Parenting Classes that may be required. Center staff may also act as advocates for families and may be a part of the Child and Family Team meeting component of MRS, either as a family advocate, a facilitator, or by simply providing a neutral meeting site. Respite programs can provide a break for both parents and children, often acting as a release valve for parents who may feel overwhelmed. Having as little as a few hours a week to themselves may relieve a parent s stress and prevent incidents of child abuse and neglect.

Beginning in January 2006, all 100 of the counties in the state were in the process of implementing the MRS approach to Child Protective Services. Although not fully implemented in many counties in SFY 2006-2007, as county DSS staff members become more comfortable with implementing the Family Assessment approach, there will be increased opportunities for Family Resource Centers to play a close collaborative role in helping families who have become involved with the child welfare system.

North Carolina's Family Resource Center (FRC), Adoption Promotion & Support, and Respite Outcomes Work Group

An Outcomes Work Group was formed at the start of SFY 2005-2006, comprised of FRC, Adoption Promotion & Support, and Respite service providers, state and regional Division staff, and members of the Appalachian Project Team. The Outcomes Work Group focused on refinement of the service types and definitions to assure that they accurately reflected the current array of acceptable services and practices offered by providers, and that

they included evidence based and promising practices program models identified through other initiatives underway within the state of North Carolina. Following feedback, revisions, and regional trainings across the state, the revised service types and definitions were adopted in August, 2006.

All NC FRC and Respite service providers now use a smaller number of defined service types to describe their work with families and children under this program. While there are still a number of limitations to the evaluation data, increasing the consistency in how and when service types are used also increases the reliability of outcomes and changes in outcomes associated with families and children served by NC s FRC and Respite Programs.

As previously mentioned, prior to the development of the Outcomes Workgroup, a number of key prevention-oriented initiatives were implemented statewide in North Carolina. For example, in September 2005, a statewide multi-disciplinary Task Force presented their discussion, findings, and recommendations in a report entitled, A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention (NC IOM).

Based on this report, a smaller work group was developed in April 2006, to focus on the findings regarding the use of evidence-based practice models and child maltreatment prevention outcomes for children and families served through family resource centers. This group, known as the Evidence-Based Work Group, was comprised of local FRC providers located across the state, Prevent Child Abuse, NC staff, state and regional DSS staff, university representatives from UNC-Chapel Hill, Duke, and Appalachian State, and other interested groups. The Evidence-Based Work Group was facilitated by staff from NC Prevent Child Abuse America and Duke University. The group discussed the findings of the NC IOM Task Force, particularly with regard to NC s FRCs. In addition, the group focused on family resource and support literature; current state of practice within family resource centers from other states; historical and current policy and funding issues surrounding FRCs; historical and current goals and outcomes for FRCs; and current resources and future needs regarding FRC evaluation systems. The group met a number of times throughout the spring/summer, 2006. Their findings regarding evidence based and promising practices influenced the revised service types and definitions implemented in August, 2006, into the NC Family Support Database, and they influenced the development of the RFA issued by the Division in January, 2007, to prospective FRC providers.

FRC Qualitative Study for SFY 2006-2007

At the conclusion of SFY 2005-2006, state Division staff members who oversee the North Carolina s Family Resource Center and Respite Program recognized that major changes will be made to this program based on the previous child maltreatment prevention and outcome work group efforts. The ensuing changes are ultimately expected to enhance child abuse prevention services provided to families and children served through FRCs and to improve outcomes for these families and children.   However, it is expected that these changes may take some time to fully develop and implement. In the meantime, the Division wanted to assess how well staff members of FRCs believed that they are achieving the current legislative goals of the Program as well as other goals. At the end of SFY 2005-2006, the Division staff requested that the Appalachian Project Team develop and implement a qualitative study of FRCs as a part of the evaluation strategy for SFY 2006-2007. The complete evaluation report from the FRC Qualitative Study is available on the Division s website for the NC FRC Program. The executive summary follows and provides a summary of the findings:

Background

Since 2000, the North Carolina Department of Health and Human Services (NC DHHS) has contracted with Appalachian State University (ASU) to evaluate the North Carolina Family Resource Center (FRC) Program, produce the Annual Report, and to manage the database for the Program. The Family Resource Center/Evidence-Based Workgroup was created in 2006 to summarize the strengths and barriers facing family resource centers nationally and to make recommendations for improvements regarding NC s FRC Program to NC s Division of Social Services within the NC DHHS. Division staff requested the ASU Evaluation Team to conduct a qualitative study of state-funded FRCs during SFY 2006-2007, in addition to ongoing evaluation efforts for the FRC Program.

Study Design

The ASU Evaluation Team conducted structured interviews during in-person site visits to ten local FRCs located throughout the state. The team selected FRCs through creating an index based on Individualized Activities and Summarized Activities.   The FRC with the highest index score per region was chosen for an in-person visit.

The interviews were designed around the four legislative goals for NC s FRCs: 1) Enhance the children s development and ability to attain academic success; 2) Ensure a successful transition from early childhood education programs and childcare to the public

schools; 3) Assist families in achieving economic independence and self-sufficiency; and 4) Mobilize public and private community resources to help children and families in need. In addition, questions also focused on preventing child abuse and neglect and the quality of the relationship between the local FRC and the local Department of Social Services (DSS).

At each site, interviews included an FRC staff member or director, a family participant, and a staff member from an agency that collaborated with the FRC. An online survey was also made available to all of the FRCs statewide, to allow interested staff at all FRCs to participate.

Summary

Across the three categories of respondents, person-related themes emerged as the most common strengths believed to contribute to FRCs fulfilling the legislative goals. These themes included: Staff Commitment (S/C); Relationship of Staff to Participants (R/P); Training and Education of Staff (T/E); Staff Members Relationship with the Community (R/C); Participants Commitment (P/C); and Staff Members Relationship with Participants (R/P).

Respondents delineated concrete tangible factors as recurring barriers related to the legislative goals. These factors included: problems with the location for FRC services (L); limited, inadequate, or unstable funding for FRC services (F); lack of transportation for clients (T); lack of a specific program/service (P/S); limited or inadequate space (S); limited staff (L/S); a lack of flexible funding (F/F); and high unemployment (U) in the region.

Similarly, tangible and concrete suggestions emerged that could help the FRC to achieve or improve its goals. Providing continued, stable funding (F) was the most often-cited factor that could alleviate barriers related to all of the goals. Providing transportation (T), increasing FRC staff (L/S), providing adequate space (S), and providing an adequate location (L) for FRC services also emerged as factors that could support the goals of FRCs and as tangible solutions that could alleviate barriers.

Conclusion/Recommendations

Although a major limitation of this qualitative study is that the information is not representative of all FRCs in North Carolina, nor of all people affiliated with FRCs, it does highlight the experiences and perceptions of those most closely linked with FRCs: FRC staff, staff from other community agencies who collaborate with FRCs, and family members who participate in FRC services.

Intangible (or person-related) factors were indicated as strengths that appear to relate to a strengths-focus, grassroots-based, community-oriented nature and history for FRCs in North

Carolina. Reported barriers tended to emerge as more tangible factors (such as increasing funding for FRC services and for staff, increasing options for transportation for participants, etc.). This seems on-target, given the rural location of the majority of NC FRCs and the lack of many resources within communities that are served by FRCs.

However, concerns about funding appeared to go beyond desires to simply increase spending on FRC services. At the time the site visits were being conducted, FRCs received the Request for Funding Announcement (RFA) from the state DSS for the 2007-2008 fiscal year. Several respondents mentioned changes in the announcements that focused on adopting new goals, using promising practices or evidence-based practice models for certain FRC services, and eliminating funding for some types of FRC services. The concerns expressed appeared to relate to potential risks to current funding and to the need for support in implementing the changes. One recommendation to emerge is to conduct a representative survey of all state-funded FRCs to determine if these concerns are shared more broadly with other FRCs. If these concerns are more universal, directing funding to implement the changes and providing technical assistance regarding how to implement changes and new practices would be useful.

In sum, according to all respondents surveyed, the FRCs have provided valuable and needed services to their communities and the services delivered have been considered very good. Finally, the respondents perceived that all of the legislative goals of NC s FRC program, the goal of preventing child abuse and neglect, and questions about relationships between local DSS and FRCs have been well addressed by their respective FRCs.

New Evaluation/Treatment Directions

During the current and previous two fiscal years, the state of North Carolina has been engaged in major efforts to review, revise, implement, and evaluate child maltreatment prevention services offered through family resource centers across the state. These efforts include potential changes such as use of new or existing evidence-based and promising practice models; assessment tools/strategies; outcomes; evaluation protocols; data collection systems; and service delivery strategies as well as potential realignment of oversight and reporting functions. State Division staff members expect that changes in these areas will take time to implement and they will require discussion from all involved stakeholders to implement. In order to assist with these change efforts, the Division has asked the Appalachian Project Team to undertake a process/implementation evaluation as a component of the overall evaluation of the FRC Program during the SFY 2007-2008 year. This effort is designed to

yield information about how local FRC providers are currently responding to changes in services, service models, and evaluation efforts requested under the new RFA. The effort is expected to provide data that can assist the Division in developing a more targeted and comprehensive evaluation protocol that accounts for the changes. Even though these changes will take time, all stakeholders involved in these change efforts are committed to making these changes, since they are expected to ultimately result in improved services and better outcomes for families and children.

Appendices

Appendix A - Program Funding Amount and Source (by County)

County and Program Name(s)	Funding Source and Amount		
	IVB-2	State	CB-CAP
Family Resource Centers			
Alleghany County	$100,000		
Alleghany FRC			
Bertie County	$100,000`		
Bertie FRC			
Bertie County	$100,000		
Bertie County Healthy Marriages			
Bladen County	$100,000		
Bladen FRC			
Brunswick County	$100,000		
Brunswick CIS			
Brunswick Teen Family Development			
Buncombe County	$100,000		
Emma FRC			
Burke County	$100,000		
Glen Alpine School			
Hillcrest School			
Carteret County	$100,000		
ACORN Center			
Cherokee County	$100,000		
Cherokee FRC			
Columbus County	$100,000		
Family CHAMPIONS			
Edgecombe/Nash County 2 contracts	$200,000		
Down East Partnership			
Community Enrichment Organization			
Spaulding FRC			
Williford FRC			
Edgecombe County - 2 contracts	$100,000		$100,000
HUG FRC			
HUG Faith Based			
Forsyth County		$100,000	
Winston-Salem State University			
Gaston County		$100,000	
Highland FRC			
Graham County	$60,000*		
Graham FRC			
Hyde County	$100,000		
Ocracoke FRC			
Jackson County	$100,000		
Jackson FRC			
Martin County	$100,000		
Friends of Families Family Support			
McDowell County	$100,000		
North Cove Family Network			
Old Fort Family Center			
Moore County		$100,000	
Northern Moore FRC			

County and Program Name	Funding Source and Amount		
	IVB-2	State	CB-CAP
Orange County			$100,000
South Estes FRC			
Trinity/Pritchard FRC			
Robeson County		$100,000	
Saddletree FRC			
Lumberton FRC			
Pembroke FRC			
Red Springs FRC			
Swain County	$100,000		
Swain County Career Club			
Transylvania County		$100,000	
The Family Center			
Tyrrell County	$100,000		
Friends of Family Resource Center			
Vance County	$100,000		
South Henderson FRC			
Wake County	$100,000		
Raleigh FRC			
Warren County	$100,000		
Warren Family Institute			
Wayne County	$100,000		
Wayne County First Steps			
Respite Programs			
Bertie County			
Bertie County Respite			$30,000
Buncombe County +			$30,000
Caring for Children			
Guilford County			$30,000
Youth Focus			
Children s Home Society			
Forsyth County ++			$30,000
Exchange Club			
Jackson County +++			$60,000
Jackson County Respite 2 contracts			

Counties indicated with an (+) also serve additional counties. See below for a listing of those counties.
+ Also serves Madison, Mitchell, & Yancey counties
++ Also serves Davie & Stokes counties
+++ Also serves Cherokee, Clay, Graham, Haywood, Macon, & Swain counties

* Remainder of this contract funds a subcontract for Family Preservation

Appendix B – FRC/Respite Sites – Service Types Offered

Family Resource Centers

Alleghany County	$100,000 IVB-2			
Alleghany County Family Resource	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	214	6.50%	0	0.00%
Adult Education	1290	39.40%	8	3.10%
Child and Youth Development	632	19.30%	8	3.00%
Information & Referral, Resource Linkage	0	0.00%	64	25.00%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	3	1.00%
Parent Education	184	5.60%	9	3.60%
Parent/Child Participation programs	954	29.10%	148	57.70%
Service Coordination/Case Management	0	0.00%	17	6.60%
TOTAL	**3274**	**100%**	**257**	**100%**

Bertie County	$100,000 IVB-2 & $100,000 CB-CAP			
Bertie County Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	15	1.60%
Academic Success/Tutoring	0	0.00%	55	5.90%
Adult Education	1109	12.60%	69	7.40%
Child and Youth Development	2470	28.00%	0	0.00%
Faith-Based Programs	0	0.00%	182	19.70%
Health Education	3201	36.30%	15	1.60%
Healthy Marriages	258	2.90%	222	24.10%
Information & Referral, Resource Linkage	0	0.00%	22	2.40%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	25	2.70%
Parent Education	0	0.00%	8	0.80%
Parent/Child Participation programs	1785	20.20%	165	17.80%
Respite Care	0	0.00%	146	15.80%
TOTAL	**8823**	**100%**	**924**	**100%**

Bertie County Healthy Marriages	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	128	4.80%
Academic Success/Tutoring	0	0.00%	74	2.80%
Adult Education	0	0.00%	186	7.00%
Faith-Based Programs	0	0.00%	630	23.70%
Health Education	2094	16.90%	26	1.00%
Healthy Marriages	10268	83.10%	732	27.50%
Information & Referral, Resource Linkage	0	0.00%	68	2.60%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	33	1.20%
Parent Education	0	0.00%	76	2.90%
Parent/Child Participation programs	0	0.00%	430	16.20%
Respite Care	0	0.00%	276	10.40%
TOTAL	**12362**	**100%**	**2659**	**100%**

Bladen County	$100,000 IVB-2			
Bladen Family Support Initiative	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1810	79.20%	0	0.00%
Adult Education	439	19.20%	0	0.00%
Child and Youth Development	0	0.00%	23665	93.70%
Information & Referral, Resource Linkage	0	0.00%	1601	6.30%
Parent Education	12	0.50%	0	0.00%
Parent/Child Participation programs	23	1.00%	0	0.00%
TOTAL	**2284**	**100%**	**25266**	**100%**

Brunswick County – 2 Sites	$100,000 IVB-2			
Communities in Schools FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2	0.00%	99	2.00%
Academic Success/Tutoring	0	0.00%	219	4.40%
Adoption Promotion and Support	0	0.00%	12	0.20%
Adult Education	671	13.70%	31	0.60%
Child and Youth Development	506	10.30%	50	1.00%
Health Education	0	0.00%	1616	32.10%
Information & Referral, Resource Linkage	0	0.00%	1026	20.40%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	68	1.30%
Parent Education	1153	23.50%	4	0.10%
Parent Support Group	201	4.10%	0	0.00%
Parent/Child Participation programs	2381	48.50%	29	0.60%
Service Coordination/Case Management	0	0.00%	1882	37.40%
TOTAL	**4914**	**100%**	**5036**	**100%**

Brunswick Co. PFC-Teen Fam. Dev.	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Child and Youth Development	537	54.50%	0	0.00%
Parent Education	448	45.50%	0	0.00%
TOTAL	985	100%	**0**	**0%**

Buncombe County	$100,000 IVB-2			
Emma Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Healthy Marriages	1	0.20%	0	0.00%
Information & Referral, Resource Linkage	137	26.90%	0	0.00%
Parent Education	119	23.40%	0	0.00%
Parent/Child Participation programs	146	28.70%	0	0.00%
Service Coordination/Case Management	106	20.80%	0	0.00%
TOTAL	509	100%	**0**	**0%**

Burke County – 2 Sites	$100,000 State			
Glen Alpine School	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Information & Referral, Resource Linkage	3	1.30%	30	12.50%
Parent Education	40	17.00%	0	0.00%
Parent Support Group	139	59.10%	4	1.60%
Service Coordination/Case Management	53	22.60%	209	85.90%
TOTAL	**235**	**100%**	**243**	**100%**

Hillcrest School	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	2	0.10%
Child and Youth Development	170	40.00%	0	0.00%
Information & Referral, Resource Linkage	13	3.10%	552	36.70%
Parent Education	177	41.60%	1	0.10%
Parent Support Group	1	0.20%	9	0.60%
Service Coordination/Case Management	64	15.10%	940	62.50%
TOTAL	**425**	**100%**	**1504**	**100%**

Carteret County	$100,000 IVB-2			
ACORN Center for Families	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1099	97.70%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	301	96.00%
Parent Education	24	2.10%	8	2.60%
Service Coordination/Case Management	2	0.20%	4	1.40%
TOTAL	**1125**	**100%**	**313**	**100%**

Cherokee County	$100,000 IVB-2			
Cherokee County FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	26	0.60%
Academic Success/Tutoring	0	0.00%	11	0.30%
Adult Education	6	0.20%	33	0.80%
Child and Youth Development	32	1.00%	0	0.00%
Information & Referral, Resource Linkage	60	1.90%	2085	47.60%
Parent Education	76	2.40%	0	0.00%
Parent Support Group	37	1.20%	277	6.30%
Parent/Child Participation programs	1274	40.70%	1808	41.30%
Service Coordination/Case Management	1646	52.60%	140	3.20%
TOTAL	**3131**	**100%**	**4380**	**100%**

Columbus County	$100,000 IVB-2			
Columbus Family CHAMPIONS	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	324	49.10%	188	2.10%
Academic Success/Tutoring	0	0.00%	151	1.70%
Adult Education	0	0.00%	5	0.10%
Child and Youth Development	0	0.00%	4296	48.70%
Health Education	0	0.00%	818	9.30%
Information & Referral, Resource Linkage	0	0.00%	2581	29.30%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	135	1.50%
Parent Education	336	50.90%	212	2.40%
Parent Support Group	0	0.00%	25	0.30%
Parent/Child Participation programs	0	0.00%	257	2.90%
Service Coordination/Case Management	0	0.00%	145	1.60%
TOTAL	**660**	**100%**	**8813**	**100%**

Edgecombe/Nash Counties – 4 Sites	2 Contracts: $100,000 IVB-2 & $100,000 CB-CAP			
Community Enrichment Organization	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
TOTAL	**0**	**0%**	**1731**	**100%**

Williford Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	531	84.30%	0	0.00%
Health Education	0	0.00%	23	32.90%
Parent Education	94	14.90%	0	0.00%
Parent Support Group	5	0.80%	0	0.00%
Parent/Child Participation programs	0	0.00%	47	67.10%
TOTAL	**630**	**100%**	**70**	**100%**

Down East Partnership for Children	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	6	1.80%	0	0.00%
Adult Education	0	0.00%	42	5.40%
Child and Youth Development	0	0.00%	6	0.80%
Information & Referral, Resource Linkage	0	0.00%	416	52.80%
Parent Education	36	11.00%	185	23.50%
Parent Support Group	81	24.70%	0	0.00%
Parent/Child Participation programs	205	62.50%	139	17.60%
TOTAL	**328**	**100%**	**788**	**100%**

Forsyth County	$100,000 State			
WSSU FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	252	24.70%	0	0.00%
Child and Youth Development	87	8.50%	0	0.00%
Health Education	30	2.90%	0	0.00%
Parent Education	37	3.60%	0	0.00%
Parent Support Group	548	53.80%	0	0.00%
Parent/Child Participation programs	46	4.50%	0	0.00%
Respite Care	19	1.90%	0	0.00%
TOTAL	**1019**	**100%**	**0**	**0%**

Gaston County	$100,000 State			
Highland Family Resource Center, Inc.	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	385	9.70%	0	0.00%
Adult Education	1191	30.00%	0	0.00%
Child and Youth Development	251	6.30%	174	28.40%
Faith-Based Programs	251	6.30%	0	0.00%
Health Education	0	0.00%	6	1.00%
Information & Referral, Resource Linkage	100	2.50%	227	37.10%
Occupational Skills/Job Readiness/Job Placement	1715	43.20%	200	32.70%
Parent/Child Participation programs	14	0.40%	0	0.00%
Service Coordination/Case Management	64	1.60%	5	0.80%
TOTAL	**3971**	**100%**	**612**	**100%**

Graham County	$60,000 IVB-2			
Graham County Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	43	13.80%	42	3.00%
Academic Success/Tutoring	0	0.00%	90	6.40%
Adult Education	0	0.00%	20	1.40%
Child and Youth Development	122	39.10%	150	10.70%
Health Education	0	0.00%	12	0.90%
Information & Referral, Resource Linkage	0	0.00%	8	0.60%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	19	1.40%
Parent Education	26	8.30%	32	2.30%
Parent Support Group	33	10.60%	0	0.00%
Parent/Child Participation programs	88	28.20%	1031	73.40%
TOTAL	**312**	**100%**	**1404**	**100%**

Hyde County	$100,000 IVB-2			
Ocracoke Island FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	432	42.50%	89	6.30%
Academic Success/Tutoring	0	0.00%	2	0.10%
Adult Education	0	0.00%	5	0.40%
Child and Youth Development	345	33.90%	818	58.60%
Faith-Based Programs	0	0.00%	7	0.50%
Fatherhood	0	0.00%	16	1.20%
Health Education	0	0.00%	5	0.30%
Information & Referral, Resource Linkage	2	0.20%	120	8.60%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	2	0.20%
Parent Education	33	3.20%	2	0.20%
Parent Support Group	205	20.20%	60	4.30%
Parent/Child Participation programs	0	0.00%	267	19.10%
Service Coordination/Case Management	0	0.00%	1	0.10%
TOTAL	**1017**	**100%**	**1394**	**100%**

Jackson County (also serves Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Macon, Madison, Swain, Transylvania)	$100,000 CB-CAP			
Mountain Youth Resources Adoption	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	16	2.00%	0	0.00%
Adoption Promotion and Support	145	18.10%	1784	100.00%
Adult Education	2	0.20%	0	0.00%
Fatherhood	168	21.00%	0	0.00%
Parent Education	8	1.00%	0	0.00%
Parent Support Group	264	33.00%	0	0.00%
Respite Care	197	24.60%	0	0.00%
TOTAL	**800**	**100%**	**1784**	**100%**

Jackson County	$100,000 IVB-2			
Jackson County Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	10	1.90%	0	0.00%
Adoption Promotion and Support	0	0.00%	24	0.70%
Adult Education	22	4.10%	692	19.60%
Child and Youth Development	0	0.00%	382	10.80%
Faith-Based Programs	0	0.00%	378	10.70%
Health Education	0	0.00%	426	12.10%
Information & Referral, Resource Linkage	1	0.20%	647	18.30%
Occupational Skills/Job Readiness/Job Placement	1	0.20%	191	5.40%
Parent Education	322	60.50%	311	8.80%
Parent Support Group	1	0.20%	138	3.90%
Parent/Child Participation programs	172	32.30%	147	4.20%
Respite Care	3	0.60%	0	0.00%
Service Coordination/Case Management	0	0.00%	190	5.40%
TOTAL	**532**	**100%**	**3526**	**100%**

Martin County	$100,000 IVB-2			
Friends of Families/Family Support Service - Martin	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	6	0.80%
Child and Youth Development	176	44.60%	36	4.80%
Fatherhood	35	8.90%	0	0.00%
Health Education	0	0.00%	102	13.50%
Information & Referral, Resource Linkage	0	0.00%	176	23.40%
Parent Education	171	43.30%	76	10.10%
Parent Support Group	1	0.30%	169	22.40%
Parent/Child Participation programs	12	3.00%	188	25.00%
TOTAL	**395**	**100%**	**753**	**100%**

McDowell County – 2 Sites	$100,000 IVB-2			
North Cove Family Network	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	23	4.90%	0	0.00%
Child and Youth Development	0	0.00%	24	4.70%
Healthy Marriages	0	0.00%	24	4.70%
Parent Support Group	48	10.20%	24	4.70%
Parent/Child Participation programs	400	84.90%	388	78.10%
Service Coordination/Case Management	0	0.00%	38	7.70%
TOTAL	**471**	**100%**	**498**	**100%**

Old Fort Family Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Child and Youth Development	2552	85.10%	0	0.00%
Health Education	0	0.00%	6	2.20%
Parent Support Group	32	1.10%	10	3.70%
Parent/Child Participation programs	306	10.20%	116	43.00%
Service Coordination/Case Management	108	3.60%	138	51.10%
TOTAL	**2998**	**100%**	**270**	**100%**

Moore County	$100,000 State			
Northern Moore Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	487	23.80%	0	0.00%
Child and Youth Development	1379	67.50%	20	100.00%
Parent Support Group	177	8.70%	0	0.00%
TOTAL	**2043**	**100%**	**20**	**100%**

Orange County – 2 Sites	$100,000 CB-CAP			
Trinity/Pritchard FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
TOTAL	**0**	**0%**	**188**	**100%**

South Estes FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	26	56.50%	112	20.10%
Child and Youth Development	0	0.00%	252	45.40%
Health Education	0	0.00%	157	28.20%
Information & Referral, Resource Linkage	10	21.70%	0	0.00%
Parent Education	10	21.70%	4	0.70%
Parent Support Group	0	0.00%	4	0.70%
Parent/Child Participation programs	0	0.00%	26	4.80%
TOTAL	**46**	**100%**	**555**	**100%**

Robeson County – 4 Sites	$100,000 State			
Saddletree FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	19	1.40%	0	0.00%
Adult Education	157	11.30%	0	0.00%
Child and Youth Development	149	10.80%	0	0.00%
Parent/Child Participation programs	1060	76.50%	0	0.00%
TOTAL	**1385**	**100%**	**0**	**0%**

Lumberton FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Adult Education	199	15.10%	0	0.00%
Parent Support Group	109	8.30%	0	0.00%
Parent/Child Participation programs	1009	76.60%	0	0.00%
TOTAL	**1317**	**100%**	**0**	**0%**

Pembroke FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Adult Education	104	11.10%	0	0.00%
Parent/Child Participation programs	836	88.90%	0	0.00%
TOTAL	**940**	**100%**	**0**	**0%**

Red Springs FRC	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Adult Education	134	50.40%	0	0.00%
Child and Youth Development	132	49.60%	0	0.00%
TOTAL	**266**	**100%**	**0**	**0%**

Swain County	$100,000 IVB-2			
Swain County Career Club	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	4	0.40%	0	0.00%
Adoption Promotion and Support	129	13.50%	0	0.00%
Adult Education	6	0.60%	0	0.00%
Health Education	164	17.10%	0	0.00%
Parent Education	264	27.60%	0	0.00%
Parent/Child Participation programs	287	30.00%	0	0.00%
Service Coordination/Case Management	103	10.80%	0	0.00%
TOTAL	**957**	**100%**	**0**	**0%**

Transylvania County	$100,000 State			
The Family Place	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	89	1.70%	26	4.20%
Academic Success/Tutoring	0	0.00%	9	1.50%
Adult Education	63	1.20%	28	4.60%
Child and Youth Development	545	10.60%	106	16.90%
Faith-Based Programs	0	0.00%	9	1.40%
Fatherhood	29	0.60%	60	9.70%
Health Education	63	1.20%	10	1.60%
Healthy Marriages	160	3.10%	34	5.40%
Information & Referral, Resource Linkage	0	0.00%	111	17.80%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	5	0.80%
Parent Education	47	0.90%	38	6.20%
Parent Support Group	31	0.60%	0	0.00%
Parent/Child Participation programs	3910	76.20%	134	21.50%
Respite Care	19	0.40%	0	0.00%
Service Coordination/Case Management	173	3.40%	53	8.40%
TOTAL	**5129**	**100%**	**623**	**100%**

Tyrell County	$100,000 IVB-2			
Friends of Family Resource Center - Tyrrell	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	158	23.90%	0	0.00%
Academic Success/Tutoring	0	0.00%	3	0.60%
Child and Youth Development	155	23.50%	104	21.10%
Health Education	199	30.20%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	203	41.10%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	2	0.40%
Parent Education	79	12.00%	7	1.40%
Parent Support Group	0	0.00%	10	2.00%
Parent/Child Participation programs	69	10.50%	166	33.40%
TOTAL	**660**	**100%**	**495**	**100%**

Vance County	$100,000 IVB-2			
South Henderson Family Resource Center	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	2208	77.50%	75	9.70%
Adult Education	0	0.00%	75	9.70%
Child and Youth Development	0	0.00%	162	21.00%
Health Education	0	0.00%	375	48.50%
Information & Referral, Resource Linkage	0	0.00%	0	0.00%
Occupational Skills/Job Readiness/Job Placement	563	19.80%	75	9.70%
Parent Education	0	0.00%	11	1.40%
Parent Support Group	79	2.80%	0	0.00%
TOTAL	**2850**	**100%**	**773**	**100%**

Wake County	$100,000 IVB-2			
FRC of Raleigh	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
TOTAL	**0**	**0%**	**1207**	**100%**

Warren County	$100,000 IVB-2			
Warren Family Inst. Inc.	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	1161	54.30%	0	0.00%
Academic Success/Tutoring	0	0.00%	83	17.70%
Information & Referral, Resource Linkage	154	7.20%	230	49.00%
Occupational Skills/Job Readiness/Job Placement	510	23.90%	0	0.00%
Parent Education	0	0.00%	78	16.60%
Parent Support Group	1	0.00%	36	7.70%
Parent/Child Participation programs	311	14.60%	42	9.00%
TOTAL	**2137**	**100%**	**469**	**100%**

Wayne County	$100,000 IVB-2			
Wayne County First Steps	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Adult Education	6	0.20%	0	0.00%
Child and Youth Development	226	5.70%	11	3.40%
Fatherhood	0	0.00%	11	3.40%
Health Education	8	0.20%	67	20.70%
Information & Referral, Resource Linkage	212	5.30%	0	0.00%
Parent Education	198	5.00%	62	19.30%
Parent Support Group	10	0.30%	0	0.00%
Parent/Child Participation programs	245	6.20%	172	53.20%
Service Coordination/Case Management	3072	77.20%	0	0.00%
TOTAL	**3977**	**100%**	**323**	**100%**

Respite Programs

Bertie County	$30,000 CB-CAP			
Bertie County Respite	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	0	0.00%	38	8.60%
Academic Success/Tutoring	0	0.00%	26	5.90%
Faith-Based Programs	0	0.00%	72	16.20%
Health Education	0	0.00%	26	5.90%
Healthy Marriages	0	0.00%	90	20.50%
Occupational Skills/Job Readiness/Job Placement	0	0.00%	6	1.40%
Parent Education	0	0.00%	2	0.60%
Parent Support Group	0	0.00%	9	2.00%
Parent/Child Participation programs	0	0.00%	103	23.40%
Respite Care	2382	100.00%	68	15.50%
TOTAL	**2382**	**100%**	**440**	**100%**

Buncombe County (also serves Madison, Mitchell & Yancey)	$30,000 CB-CAP			
Caring for Children Respite	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Respite Care	233	100.00%	0	0.00%
TOTAL	**233**	**100%**	**0**	**0%**

Forsyth County (also serves Davie, Stokes)	$30,000 CB-CAP			
Exchange Club - Respite	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Academic Success Programs/Tutoring	4	2.40%	0	0.00%
Information & Referral, Resource Linkage	0	0.00%	60	91.70%
Respite Care	160	97.60%	0	0.00%
Service Coordination/Case Management	0	0.00%	6	8.30%
TOTAL	**164**	**100%**	**66**	**100%**

Guilford County – 2 Sites	$30,000 CB-CAP			
Youth Focus - Respite	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Respite Care	625	100.00%	0	0.00%
TOTAL	**625**	**100%**	**0**	**0%**

Childrens Home Society - Respite	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Respite Care	12	100.00%	0	0.00%
TOTAL	**12**	**100%**	**0**	**0%**

Jackson County (also serves Cherokee, Clay. Graham, Haywood, Macon, Swain)	$60,000 CB-CAP			
Jackson Co. FRC - Respite Care	Individualized Activities		Summarized Activities	
Participant/Sessions and Participants by Service Type	Number	Percent	Number	Percent
Respite Care	422	100.00%	0	0.00%
TOTAL	**422**	**100%**	**0**	**0%**

County	FRC 04/05	FRC 05/06	FRC 06/07	Respite 04/05	Respite 05/06	Respite 06/07	County	FRC 04/05	FRC 05/06	FRC 06/07	Respite 04/05	Respite 05/06	Respite 06/07
Alamance				X	X	X	Johnston						
Alexander							Jones						
Alleghany	X	X	X				Lee						
Anson							Lenoir						
Ashe							Lincoln						
Avery							Macon				X	X	X
Beaufort							Madison				X	X	X
Bertie	X	X	X	X	X	X	Martin	X	X	X			
Bladen	X	X	X				McDowell	X	X	X			
Brunswick	X	X	X				Mecklenburg						
Buncombe	X	X	X	X	X	X	Mitchell				X	X	X
Burke	X	X	X				Montgomery						
Cabarrus							Moore	X	X	X			
Caldwell							Nash	X	X	X			
Camden							New Hanover						
Carteret	X	X	X				Northampton						
Caswell							Onslow						
Catawba							Orange	X	X	X			
Chatham							Pamlico						
Cherokee	X	X	X	X	X	X	Pasquotank						
Chowan							Pender						
Clay				X	X	X	Perquimans						
Cleveland							Person						
Columbus	X	X	X				Pitt						
Craven							Polk						
Cumberland							Randolph						
Currituck							Richmond						
Dare							Robeson	X	X	X			
Davidson							Rockingham						
Davie				X	X	X	Rowan						
Duplin							Rutherford						
Durham							Sampson						
Edgecombe	X	X	X				Scotland	X					
Forsyth	X	X	X	X	X	X	Stanly						
Franklin							Stokes				X	X	X
Gaston	X	X	X				Surry						
Gates							Swain	X	X	X	X	X	X
Graham	X	X	X	X	X	X	Transylvania	X	X	X			
Granville							Tyrrell	X	X	X			
Greene							Union						
Guilford	X	X		X	X	X	Vance	X	X	X			
Halifax							Wake	X	X	X			
Harnett							Warren	X	X	X			
Haywood				X	X	X	Washington						
Henderson							Watauga						
Hertford							Wayne	X	X	X			
Hoke							Wilkes						
Hyde	X	X	X				Wilson						
Iredell							Yadkin						
Jackson	X	X	X	X	X	X	Yancey				X	X	X

Ten Core Services for Family Resource Centers

Academic Success Programs/Tutoring/Lending Libraries-- This category includes all programs whose primary purpose is to foster the academic achievement of children and youth, pre-K through 12th grade. Examples include after-school and summer educational/tutoring programs, out-of-school suspension programs, and lending library programs that loan out educational materials (e.g., books, educational videos and educational toys).

Adult Literacy /Adult Education-- This category includes one-on-one or group adult literacy classes; Adult Basic Education, GED, English as a Second Language and Adult High School classes through local community colleges, and ongoing life skills and financial management courses.

Child and Youth Development-- This category includes programs emphasizing the social and psychological development of children and youth, in addition to educational enrichment. It includes: guided play programs for infants and toddlers; programs focusing on social/psychological development of pre-school children; mentoring programs; summer and after-school enrichment and recreational programs/camps such as Scouts and 4-H groups; and youth programs intended to build a healthy self-identity and foster responsible choices in areas such as careers and alcohol and drug abuse.

Community Building-- These services help strengthen the communities in which families live. Community building programs may include community policing programs and/or police substations at FRC sites; ongoing efforts to remove drug traffic and other illegal activity from a community; neighborhood watch and regularly scheduled community safety programs; community leadership development programs; neighborhood clean-up and home repair programs; mediation services; and ongoing collaboration with housing agencies and economic development agencies to restore housing stock and otherwise rebuild neighborhoods.

Health Services/Health Education-- This category includes ongoing programs designed to promote the physical and mental health and well-being of community residents. Examples include health screenings, immunizations, WIC distribution, regularly scheduled health education programs, and substance abuse prevention or rehabilitation programs.

Individual Family Services Coordination-- These services respond to specific family issues as identified by family members themselves. They may range from short-term family counseling to long-term intensive family services leading to self-sufficiency. They may include assisting individual families to identify needs/strengths, set goals, and seek appropriate resources. They may occasionally involve providing resources to meet a family s emergency needs (e.g., food, utility bills, and a uniform or appropriate shoes for a new job).

Occupational Skills/Job Readiness/Job Placement-- These programs seek to provide adults with the job skills and resources needed to obtain employment and become economically self-sufficient. It includes regularly scheduled job readiness programs; one-on-one or group job search and job placement counseling and assistance; job internship

programs; computer skills programs or other skills development programs whose primary purpose is development of skills for employment; and all Work First collaboration programs.

Parent Education/Parent Support Groups-- This category includes formal instruction programs in child development and parenting skills. It includes opportunities for parents to share experiences and concerns with peers in structured support groups. Examples include Parent Education Programs such as Parents As Teachers and Master Parents and Parent Support groups for specific groups including teen parents, parents of children with special needs, fathers only, grandparents who are raising grandchildren, and non-English speaking parents. It also includes Parent Involvement programs intended to foster active participation of parents in their children s education.

Parent/Child Participation Programs-- This category includes educational and development programs having components specifically designated for parents and children in the same family. Examples include formal Family Literacy programs as developed by National Family Literacy Center; Motheread; Fatheread; and regularly scheduled parent/child developmental programs, which may involve interactive play sessions.

Transportation/Child Care Support Services-- This category includes services offered on an on-going basis to parents and children who are participating in FRC programs, activities and meetings. It also may include transportation and child care provided for a specific period of time, either directly or by monetary reimbursement, for parents newly employed after job skills training and placement; systematic provision of transportation and/or child care to FRC families for health and human service appointments; and for parents receiving respite child care during crises.

Family Support – Outcome Scale

Type: ☐ Intake ☐ Closure   **Client's Name**: _____

Date: _____/_____/_____   **Activity Name**: _____

Staff Member: _____

This questionnaire addresses issues that are important to families. It is to be completed at least twice once before the intervention begins and once after it ends **by the same staff member**. It is very important that the same staff member fill out this assessment for the same family so the success of the intervention or service can be measured. Consider each item below in terms of the family s current situation. Rate each item on the **5-point continuum** below. N/A means Not Applicable, and this may be the appropriate response for many items. To complete the Scale, please check the appropriate box for each item.

A. Overall Child Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Child s developmental status (social, cognitive, etc.)	☐	☐	☐	☐	☐	☐
2. Child s physical health	☐	☐	☐	☐	☐	☐
3. Child s mental health	☐	☐	☐	☐	☐	☐
4. Child s behavior	☐	☐	☐	☐	☐	☐
5. Child s school performance	☐	☐	☐	☐	☐	☐
6. Teenager s movement towards self-sufficiency	☐	☐	☐	☐	☐	☐

B. Overall Parent Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Parenting skills, knowledge, and attitudes	☐	☐	☐	☐	☐	☐
2. Parent s sense of support in parenting role	☐	☐	☐	☐	☐	☐
3. Parent s physical health	☐	☐	☐	☐	☐	☐
4. Parent s mental health	☐	☐	☐	☐	☐	☐
5. Parent s educational attainment	☐	☐	☐	☐	☐	☐
6. Parent s leadership skills	☐	☐	☐	☐	☐	☐
7. Participation in community groups and activities	☐	☐	☐	☐	☐	☐

C. Overall Family Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Parent-child interactions, parent-child relationship	☐	☐	☐	☐	☐	☐
2. Family communication	☐	☐	☐	☐	☐	☐
3. Family cohesiveness, mutual support	☐	☐	☐	☐	☐	☐
4. Physical, learning, emotional environments in home	☐	☐	☐	☐	☐	☐
5. Informal social support (from friends, extended family)	☐	☐	☐	☐	☐	☐
6. Family economic self-sufficiency	☐	☐	☐	☐	☐	☐
7. Ability to meet basic economic needs	☐	☐	☐	☐	☐	☐
8. Ability to solve family disputes without violence	☐	☐	☐	☐	☐	☐

D. Family's Relationship to Community	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Family s knowledge of available human services	☐	☐	☐	☐	☐	☐
2. Linkages between families and human services	☐	☐	☐	☐	☐	☐
3. Relations between families and human services staff	☐	☐	☐	☐	☐	☐
4. Family s participation in FS program governance	☐	☐	☐	☐	☐	☐

E. Overall Individual Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Individual s skills, knowledge, and attitudes	☐	☐	☐	☐	☐	☐
2. Individual s sense of support	☐	☐	☐	☐	☐	☐
3. Individual s physical health	☐	☐	☐	☐	☐	☐
4. Individual s mental health	☐	☐	☐	☐	☐	☐
5. Individual s educational attainment	☐	☐	☐	☐	☐	☐
6. Individual s leadership skills	☐	☐	☐	☐	☐	☐
7. Participation in community groups and activities	☐	☐	☐	☐	☐	☐

Appendix F

Definitions for Family Support Outcome Scales

Listed below are the definitions for individual items found under the various sub-scales that comprise North Carolina s Family Support Outcome Scale. Read the definitions carefully and select the definition that best represents the individual child, parent, adult, family, or community being observed. Even if not all of a definition applies, select the definition that best captures that person or group. The scales need to be completed for the child, parent, adult, family or community at intake and at case closure. Please do not hesitate to use the entire range of scores on each item, including the lower strength scores, such as "1". By selecting all scores as appropriate, the information collected is more accurate. Further, changes in scores from intake to closure can be more easily observed.

A. Overall Child Functioning

This sub-scale should be completed when a child is participating in an activity that affects the child s functioning. These activities may include preschool classes, playgroups, tutoring, etc.

1. Child's developmental status
** This item refers to the child s physical, emotional, and/or social development. Doctor s comments and recommendations may be used to help rate the child in this area.

(1) Weak Strength: Child is significantly developmentally behind (socially, cognitively, and physically). Child may not be walking at appropriate age, child may have a vocabulary well below their age level, and child s speech may be slow or hard to understand. Parent and/or child seek improvement in areas of
social, cognitive, and physical development.

(2) Mild Strength: Child is behind developmentally. Child is "on-track" in terms of one or two developmental milestones (i. e. walking, tying shoes) but is behind in most other areas (i. e. speech, vocabulary, and reading). Parent and/or child seek improvement in areas of social, cognitive, and physical development.

(3) Moderate Strength: Child is, more or less, at the same developmental stage as other children his or her age.

(4) Solid Strength: Child is above average. Child is at or above the same developmental stage as most children his or her age and excels in one or more area such as reading, math, etc.

(5) Clear Strength: Child is clearly developmentally above average. Child excels socially, cognitively, and physically.

2. Child's physical health

** This item refers to the child s overall physical health.

(1) Weak Strength: Child has one or more physical diseases or disabilities, or experiences pain that considerably (but not totally) hinders the child s ability to function in daily activities (e.g. play, school, etc). Some activities or tasks are significantly affected while others remain unaffected. Alternatively, all activities could be affected but child continues to attempt to participate in all (e.g. while causing pain, stress or discomfort). Those children with a serious communicable disease whose presence endangers family or public health even if it does not interfere with functioning in daily activities should be included in this category. In addition, those with life-threatening illnesses or conditions that may not be affecting functioning immediately, but could have a drastic effect (e.g. heart or kidney disease). Parent and/or child seek improvement in area of physical health.

(2) <u>Mild Strength</u>: Child has one or more physical diseases or disabilities which are not life threatening and which have no (or little) impact on his or her ability to perform daily activities. Those children with chronic or potentially debilitating illness (e.g. asthma, congenital heart disease, diabetes) which have not progressed to have a significant, prolonged impact on tasks and activities related to child s daily functioning (school, play) should be included in this category. Parent and/or child seek improvement in area of physical health.

(3) <u>Moderate Strength</u>: Child has no significant physical diseases or disabilities and adequate health habits. Those children who complain of physical symptoms (e.g., headaches, fatigue, frequent colds), but no specific illness has been diagnosed should be included in this category.

(4) <u>Solid Strength</u>: Child has no significant physical diseases or disabilities and has good health habits. Episodes of acute illness (e.g. flu) may occur but these are infrequent and brief.

(5) <u>Clear Strength</u>: Child has no significant physical diseases or disabilities and has excellent health habits. Episodes of acute illness are rare.

3. Child's mental health

** This item refers to the child s overall mental health. Doctor s comments or recommendations may be used to help rate the child in this area.

(1) <u>Weak Strength</u>: Due to mental disturbance, child is unable to function in most daily activities (e.g. child may not be able to attend school, cannot interact with family or friends, or is unable to leave the house). However, child can carry out self-care tasks and is not a danger to self or others. Symptoms may include serious disturbance in judgment, thinking, mood or reality testing. Parent and/or child seek improvement in area of mental health.

(2) <u>Mild Strength</u>: Due to mental disturbance, some of the child s functioning and daily activities are impaired, where some activities could be substantially affected while others remain unaffected. Symptoms may include refusal to attend school, bed-wetting, excessive aggression, withdrawal, or avoidance of others. Child may have some mental health disorders that are being addressed in treatment. Parent and/or child seek improvement in area of mental health.

(3) <u>Moderate Strength</u>: Child does not have a diagnosable mental disorder. Due to recent stressful life events, (e.g. recent separation or divorce of parents, relocation, etc.), the child may be experiencing mild and transient symptoms of psychological distress. These issues may have a minimal impact on functioning in daily activities (e.g. school, socialization).

(4) <u>Solid Strength</u>: Child has overall good mental health, emotional stability, and self-concept. Child may have mental health issues, but participates in treatment and/ or is taking medication and is making excellent progress.

(5) <u>Clear Strength</u>: Child has overall excellent mental health, emotional stability, and self-concept. Child is able to handle stress effectively.

4. Child's behavior

** This item refers to the child s behavior at home, school, or in the community. Recommendations or comments from parents or teachers may be used to help rate the child for this item.

(1) <u>Weak Strength</u>: Behavior is dangerous to self. Child is uncooperative, refuses to follow rules or do chores. Child may use drugs or threatened suicide. Parent and/or child seek improvement in child s behavior.

(2) <u>Mild Strength</u>: Child engages in disobedience or misconduct at home or in school (e.g. small thefts, stays out late, running away, sexual "acting out," breaking or smashing things, threats, fighting with siblings, some drug use), but no injuries involved. Household or classroom is often disrupted by child s behavior. Parent and/or child seek improvement in child s behavior.

(3) <u>Moderate Strength</u>: Child s behavior is mostly manageable and fairly normal for his or her age. Some discipline problems are present (e.g. argumentative, rude, throws tantrums), but transient. Child is usually cooperative but has some difficulty in following rules or completing chores, but problems do not merit intervention.

(4) <u>Solid Strength</u>: Child is behaving normally for age. Minor disobedience is quickly resolved; episodes are isolated and do not escalate. Child is viewed as cooperative, follows rules, and does chores. Contributes to child s learning and increasing maturity.

(5) <u>Clear Strength</u>: Child has exemplary behavior. Episodes of noncompliance are extremely rare and child is polite and cooperative.

5. Child's school performance

** This item refers to the child s performance in all aspects of school.

(1) <u>Weak Strength</u>: Child has frequent periods of poor attendance, poor academic record, and/or many behavior problems in school. Child goes back and forth between tolerating and disliking school, and/or periodically avoids school with illness or truancy. Parent and/or child seek improvement in child s school performance.

(2) <u>Mild Strength</u>: Child has fair attendance, a fair academic record, and occasional to frequent behavior problems in school. Child seems to tolerate school, but takes advantages of opportunities to miss school. Parent and/or child seek improvement in child s school performance.

(3) <u>Moderate Strength</u>: Child has good attendance and an average academic record. Behavior problems at school are rare.

(4) <u>Solid Strength</u>: Child has good school attendance and an average to good academic record. Child tries hard. Child reports to like school and/or behaves appropriately in school.

(5) <u>Clear Strength</u>: Child has good school attendance and an excellent academic record. Child is an exemplary student.

6. Teenager's movement toward self-sufficiency

** This item refers to the teen s progress in functioning appropriately in everyday life.

(1) <u>Weak Strength</u>: Parent(s), caretakers, and/or professionals make all decisions for teen. Teen lacks the ability to ask questions when clarification is needed, make compromises, ask for help, control or explain feelings, and respect others. Parent and/or child seek improvement in this area.

(2) <u>Mild Strength</u>: Teen relies heavily on parents, caretakers, and/or professionals to make decisions affecting his/her daily life. Teen has some trouble in the areas of seeking clarification, recognizing and explaining feelings, controlling actions, delayed gratification, setting goals, making compromises, asking for help, and respecting others. Parent and/or child seek improvement in this area.

(3) <u>Moderate Strength</u>: Teen often goes to parent(s), caregiver, or professional to help make decisions affecting his or her life. Teen is able to ask questions when needed, recognize and explain feelings, control actions, delay gratification, set goals, make compromises, and respect others.

(4) <u>Solid Strength</u>: Teen goes to parent(s), caregiver, or professionals to help him or her make important decisions affecting his/her daily life but is also able to make sound decisions on own regarding the lesser problems and issues of daily living.

(5) <u>Clear Strength</u>: Teen possesses and has shown the ability to make rational decisions based on careful thought and/ or consultation with a parent, caregiver, professional, or other mentor. Teen can not only ask for help when needed, but can also ask clarifying questions, recognize and explain feelings, control actions, follow through with outlined plans, present ideals to others, accept both praise and criticism gracefully, respect others, and lead group activities (i.e. sports or school).

B. Overall Parent Functioning

This sub-scale should be used when a parent is participating in an activity or series of activities that pertain to parenting. These activities may include parent education activities, parenting workshops, parent enrichment activities, etc.

1. Parenting skills, knowledge, and attitudes

**This item refers to a parent s knowledge and understanding of child development; his or her comfort level in parenting; and his or her parenting skills.

(1) <u>Weak Strength</u>: Parent possesses limited knowledge of child s developmental stages; parent often does not feel comfortable assuming parental role; parent s discipline and limit-setting for child may vary from age-appropriate to too harsh or to too lenient. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(2) <u>Mild Strength</u>: Parent possesses some knowledge of child s developmental stages; parent has some mixed feelings about authority/role as a parent; parent provides adequate supervision of child; parent s communication with child is brief, but mostly positive and appropriate; parent s discipline and limit-setting for child is age-appropriate, but can be inconsistent. However, these inconsistencies do not create major difficulties. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(3) <u>Moderate Strength</u>: Parent has adequate knowledge of child s developmental stages; parent feels generally positive about parental role; parent provides and seeks out age-appropriate supervision of child; parent has good rapport and positive communication with child; parent s discipline and limit-setting for child is age-appropriate and generally consistent.

(4) <u>Solid Strength</u>: Parent has an excellent knowledge of child s developmental stages and seeks out new information about these stages; parent feels positive and generally enjoys parental role; parent provides, seeks out, or creates age-appropriate supervision of child; parent has excellent rapport with child; parent s discipline and limit-setting for child is age-appropriate and consistent.

(5) <u>Clear Strength</u>: Parent has a superior knowledge of child s developmental stages and seeks out and analyzes new information about child s developmental stages; parent relishes parental role; parent provides, seeks out, or creates age-appropriate supervision that child feels content with; parent has an excellent rapport with child and child freely shares and initiates communication with parent; parent s discipline and limit-setting for child is age-appropriate, consistent, and creative, depending on the needs of the child.

2. Parent's sense of support in parenting role

** This item refers to the support a parent experiences from key others regarding his or her parenting.

(1) <u>Weak Strength</u>: Parent receives no support or occasionally feels supported by partner in parenting role but experiences inconsistencies in support; parent experiences no support or experiences limited

support for parenting and some negative support from extended family; parent reports having no support or limited support network regarding parenting that he or she desires to expand (i.e. very few or no friends, neighbors, church and/or community friends).

(2) <u>Mild Strength</u>: Parent reports positive emotional and tangible support in parenting role from partner but would like more support; parent experiences generally positive support for parenting from extended family; parent reports an adequate support network regarding parenting that he or she may want to expand (i.e. limited number of close friends, neighbors, church, and/or community friends).

(3) <u>Moderate Strength</u>: Parent reports positive emotional and tangible support in parenting role from partner that is adequate; parent seeks out and receives positive support for parenting from extended family; parent reports having a strong support network regarding parenting (i.e. adequate number of close friends, neighbors, church, and/or community friends).

(4) <u>Solid Strength</u>: Parent reports strong and consistent emotional and tangible support in parenting role from partner; parent seeks out and receives positive support for parenting from varied extended family; parent reports a strong and varied support network regarding parenting (i.e. close and casual friends, neighbors, church, and/or community friends).

(5) <u>Clear Strength</u>: Parent reports strong, consistent and reciprocal emotional and tangible support in parenting role from partner; parent reports strong and reciprocal support for parenting from varied extended family; parent reports a large, strong, and varied support network regarding parenting (i.e. many close and casual friends, neighbors, church, and/or community friends).

3. Parent's physical health

** This item refers to a parent s overall physical health.

(1) <u>Weak Strength</u>: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that impairs his/her parental functioning significantly. Parent reports few personal resources or tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that may impair his/her parental functioning. Some everyday activities related to the child are negatively affected by this condition, while other activities are not. Parent has some personal resources and tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Parent may or may not have an acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.). If present, the condition rarely affects parental functioning. If not present, parent has good overall health and nutrition, although he or she participates sporadically in exercise. Parent has good personal resources and tangible supports to deal effectively if condition is present.

(4) <u>Solid Strength</u>: Parent has good overall health and nutrition. Parent participates regularly in exercise activities and in maintaining good nutritional habits. Parent has good resources and tangible supports that encourage these positive habits.

(5) <u>Clear Strength</u>: Parent has excellent overall health and nutrition. Parent actively encourages regular physical activities and healthy eating habits of child and partner. Parent participates individually and with child and partner in regular exercise activities and in good eating habits. Parent has good personal resources and supports that encourage these positive habits.

4. Parent's mental health

**This item refers to a parent s overall mental health.

(1) <u>Weak Strength</u>: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that impairs his/her parental functioning significantly. Parent has few personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that may impair his/her parental functioning occasionally. The issue may affect some everyday activities related to the child, while other activities are not. Parent has some personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Parent may or may not have a type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc. . . If present, the issue rarely affects parental functioning. If not present, parent has good overall mental health, although he or she may be experiencing some type of psychological stress (i.e. job difficulties, a difficult family relationship, etc.).
Parent has good resources or tangible supports to deal effectively with the issue or stress if present.

(4) <u>Solid Strength</u>: Parent has good overall mental health and self-esteem. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has good personal resources or tangible supports that encourage positive mental health and self-esteem.

(5) <u>Clear Strength</u>: Parent has excellent overall mental health and self-esteem. Parent actively encourages building positive self-esteem and maintaining positive mental health with child and partner. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has excellent personal resources or tangible supports that encourage these positive traits.

5. Parent's educational attainment

** This item refers to a parent s level of education and training.

(1) <u>Weak Strength</u>: Parent has not completed high school or GED. Parent is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Parent is interested in increasing his or her education or training.

(2) <u>Mild Strength</u>: Parent has completed high school or GED. Parent is "self-taught" and skilled. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training.

(3) <u>Moderate Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. Parent may have pursued some college (i.e. an Associate degree).

(4) <u>Solid Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training, and he or she is currently pursuing opportunities. Parent also may have a four-year college degree.

(5) <u>Clear Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. He or she also may encourage others to pursue continued education and he or she may help

facilitate continuing education opportunities. Parent also may have completed a graduate degree (i.e. Masters degree, Ph. D., J. D., etc.)

6. Parent's leadership skills

** This item refers to a parent s leadership skills at home, work, and within the community.

(1) <u>Weak Strength</u>: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent doesn't like to assume authority in different areas and prefers others to assume leadership roles. Parent likes role as a participant.

(2) <u>Mild Strength</u>: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent has not felt comfortable assuming authority but is willing to assume leadership roles. Parent likes role as a participant but may be interested in limited leadership roles.

(3) <u>Moderate Strength</u>: Parent has assumed roles as both a leader and as a participant at home, work, and/or in the community. Parent expresses some interest in assuming a broader range of leadership roles. Parent seeks increased leadership roles.

(4) <u>Solid Strength</u>: Parent has assumed a number of leadership roles at home, work, and/or community. Parent enjoys assuming an authority position. Parent seeks broader and deeper leadership roles.

(5) <u>Clear Strength</u>: Parent has assumed a number of leadership roles at home, work, and/or community and is widely recognized by others for leadership. Parent enjoys assuming an authority position. Parent is recognized for excellent leadership skills and abilities.

7. Parent participation in community groups and activities

** This item refers to a parent s level of involvement within the community.

(1) <u>Weak Strength</u>: Parent rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) <u>Mild Strength</u>: Parent participates in some community groups and activities.   Parent prefers role as a participant in community groups and activities over role as a leader. Parent expresses some interest in participating in more community activities and/or groups.

(3) <u>Moderate Strength</u>: Parent participates in community groups and activities on a regular basis. Parent may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Parent expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) <u>Solid Strength</u>: Parent participates in community groups and activities on a regular basis. Parent has assumed some leadership roles within community groups and activities. Parent may express some interest in assuming a broader range of leadership roles. Parent is a link between community groups and/or activities and members of their community.

(5) <u>Clear Strength</u>: Parent participates in community groups and activities very regularly. Parent has assumed a number of leadership roles within community groups and activities. Parent enjoys assuming an authority position in community settings. Parent is recognized for excellent leadership skills and activities within the community, and he/she is widely viewed as a community leader.

C. Overall Family Functioning

This sub-scale should be completed when a family is participating in an activity that affects the family s overall functioning. These activities may include parent education classes, parenting workshops, family enrichment activities, family-based activities, budgeting workshops, etc.

1. Parent-child interactions, parent-child relationship

** This item refers to the nature of the relationship between the parent and child as well as their interactions.

(1) <u>Weak Strength</u>: Parent and/or child show little emotional investment. Parent is often irritable and misinterprets cues most of the time. Parent frequently does not respond or responds inappropriately. Parent and/or child seek improvement in this area. Parent and/or child report arguing with one another on an almost daily basis. Interactions are characterized by raised voices, criticism, and no resolution of conflicts. There may currently be violent/destructive behavior between parent and child. Interaction between parent and child is primarily for purposes of discipline (parent) or for request for resources (child). Child receives little emotional nurturing from parent. Cooperative decision making rarely occurs.

(2) <u>Mild Strength</u>: Parent is sometimes frustrated or intrusive. Some ambivalence and/or passiveness are detected. Parent responds to physical and/or social needs inconsistently. Parent has some difficulty in reading child s cues. Parent and/or child seek improvement in this area. Interactions between parent and child are often marked by conflict and argument, but parent and/or child report that they are able to engage is some activities without conflict. Conflict may occur when parent attempts to modify child s behavior. When conflict occurs, parent and child are often unable to resolve the conflict without escalation into an argument or destructive behavior. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seldom goes to parent for emotional support.

(3) <u>Moderate Strength</u>: Parent exhibits adequate emotional involvement and support. Parent has occasional difficulty allowing independence or differences. Parent reads child s cues correctly most of the time. Despite occasional arguments and escalation of behavior, parent-child interactions occur regularly and consistently. Parent and child are able to discuss problems and/or recent conflict but have some difficulty finding resolution to these issues. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seeks out support from parent for some issues.

(4) <u>Solid Strength</u>: Parent-child relationship is balanced. Parent encourages appropriate independence, is warm and attentive, and responds appropriately to needs. Parent reads child s cues correctly. Parent and child regularly spend time together and this interaction is marked by engagement in mutually enjoyable activities. Disagreements or problems are handled without escalation of conflict. Parent and child both actively involved (when appropriate) in decisions that impact child. Child regularly seeks support from parent.

(5) <u>Clear Strength</u>: Parent-child relationship is very balanced. Parent is encouraging, promotes independence, is warm and attentive, reads cues correctly, and responds appropriately to needs of child. A strong sense of connectedness is exhibited. Parent and child regularly spend time together and the interaction is marked by engagement in mutually enjoyable activities. Parent and child both compromise in order to resolve conflicts. Parent and child communicate regarding areas of conflict or disagreement and are able to find solutions to these conflicts. Child solicits parent s advice and emotional support.

2. Family communication

** This item refers to the communication among family members.

(1) <u>Weak Strength</u>: Family has very poor communication, lots of misunderstandings and misreading of other s cues is present. Family seeks improvement in this area.

(2) <u>Mild Strength</u>: Conversations are usually of daily life or are business oriented. There is little "quality conversation" within the family. Communication is isolated. Family seeks improvement in this area.

(3) <u>Moderate Strength</u>: Family generally has good communication, although has difficulty communicating about important or "heavy" issues.

(4) <u>Solid Strength</u>: Family has open communication where there is frequent sharing of ideas, feelings, and experiences.

(5) <u>Clear Strength</u>: Family has excellent communication within the family. There is a frequent sharing of ideas feelings, and experiences. Everyone s voice is "heard" and considered within the family. Time may set aside to promote this open communication.

3. Family cohesiveness, mutual support

** This item refers to how "connected" and supported family members feel with one another.

(1) <u>Weak Strength</u>: Refers to poor emotional and/or physical support among family members. Family rarely provides transportation, day care, or financial assistance when needed. Frequent undermining and jealousy of success between family members is present. Family seeks improvement in this area.

(2) <u>Mild Strength</u>: Refers to fair emotional and/or physical support among family members. Family may provide one or more of the following: transportation, day care, or financial assistance when requested, but often family cannot offer support in these areas. Family seeks improvement in this area.

(3) <u>Moderate Strength</u>: Refers to good support within the family. Some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members

(4) <u>Solid Strength</u>: Refers to good emotional and/or physical support within the family. Physical support is given when needed, such as providing day care, transport, or financial help. Family members appear to help each other willingly.

(5) <u>Clear Strength</u>: Refers to excellent emotional and/or physical support within the family. Physical support such as day care, transportation, or financial help is readily available to family. Family members help each other willingly.

4. Physical, learning, emotional environments in the home

**This item refers to the physical, learning, and emotional climate present within the family s home.

(1) <u>Weak Strength</u>: Little interest in child learning and development is seen.   Parent(s) avoid school contact or parent(s) put excessive pressure on the child to exceed. Family may receive low ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(2) <u>Mild Strength</u>: Parent(s) allow child(ren) to develop without interfering.   Parent(s) allow child(ren) to watch any program on T.V. (although parent(s) might verbally disapprove). Parent(s) interact with the school only at schools request.   Some pushing to unrealistic achievement (i. e. child must read before starting school) may be seen. Refers to fair ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(3) <u>Moderate Strength</u>: Parent(s) read to child(ren) frequently, as time allows. Television programs are generally monitored. Parent(s) occasionally plan learning activities. Parent(s) may check homework but do not actively seek out constant involvement with child s school, however does make time available if requested. Refers to adequate ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(4) <u>Solid Strength</u>: Parent(s) plan reading time, carefully selects activities and experiences, and plans outings. Parent(s) is actively involved with school and helps child(ren) to attain appropriate developmental tasks. Age appropriate games and toys are provided. Refers to good ratings in most of the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(5) <u>Clear Strength</u>: Parent(s) are actively involved in child s learning. Parent(s) sets aside time for reading and plans regular educational outings. Parent is actively involved in school and may serve a leadership role within a parent committee. Age appropriate games and toys are provided. Refers to excellent ratings in areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

5. Informal social support (from friends, extended family)

** This item refers to the support that the family experiences from friends and/or extended family.

(1) <u>Weak Strength</u>: Family is isolated. Parents more or less have no relations with people outside the family other than on a polite "hello-goodbye" level.   There is no one person that can be called on a regular basis for significant help or assistance, or no one who takes a substantial interest in the parent. There is never anyone to talk to. Neighbors and others might tend to avoid the parents and help might be rejected if requested by the parents. Parents generally do not know how to carry out relations with others, or have characteristics that cause others to avoid closer interaction. Family seeks to improve the level of support.

(2) <u>Mild Strength</u>: Parents have few friends or relatives they can regularly turn to.   Parents have acquaintances (work, neighbors) but cannot go to them with important personal problems. Can request and receive help at times with the lesser problems of everyday life. Parents do not want to "impose" on people although people are generally friendly. Close relatives may live too distant to offer regular support, though parents may be in touch through correspondence.   Family seeks to improve the level of support.

(3) <u>Moderate Strength</u>: Parents may have a few friends to talk and/or one or two relatives that live near by to offer emotional support and some concrete help (i. e., babysitting, transportation, assistance with household, shopping). Parent(s) generally go to community resources for help.

(4) <u>Solid Strength</u>: Parents have frequent contact with a few close friends or relatives outside of the household that they can count on for emotional support and concrete help. Parents have support available in a crisis, and a few people available for everyday activities or regular socializing. Social contact may include some church and/or community involvement.

(5) <u>Clear Strength</u>: Parents are well supported and have frequent and regular contact with several relatives and/or close friends outside of the household that they can count on for emotional and concrete help when needed (i.e. babysitting, transportation). Relatives or friends don t "drift away" when there are problems, and do not give off the feeling of being imposed upon. Parents have support available in crisis as well as for lesser problems in everyday life.

6. Family economic self-sufficiency

** This item refers to financial well-being of the family.

(1) <u>Weak Strength</u>: Family is in debt over their heads. Parents practice irresponsible spending habits; luxuries are often bought before necessities. Family has chaotic budget. Family seeks improvement regarding financial well-being.

(2) <u>Mild Strength</u>: Family has no plan for use of money. Parents occasionally buy things on impulse. Children are not deprived of necessities but there would be a problem if there were an emergency. Family seeks improvement regarding financial well-being.

(3) <u>Moderate Strength</u>: Refers to family having debts, but debts are under control. Family has some problems with budgeting but there is a planned use of money. Problems do not prevent the family from meeting their basic needs.

(4) <u>Solid Strength</u>: Refers to family using money in a way that provides benefits financially and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money and no back bills. Family is good at bargain hunting.

(5) <u>Clear Strength</u>: Family uses money in an appropriate way. Family has clear spending plans and priorities. Bills are always paid on time. Money is regularly put into savings or other investments.

7. Ability to meet basic economic needs

** This item refers to the family s ability to address financial needs satisfactorily.

(1) <u>Weak Strength</u>: Family is deprived of some necessities and/or cannot repay debts. Income cannot be stretched far enough, even by borrowing (have difficulty obtaining loans).There is usually not enough food; rent or utility payments are far behind. This may be the result of a sudden reduction in income or unexpected large expenses. Family is getting further into debt. Family seeks improvement in addressing economic needs.

(2) <u>Mild Strength</u>: Family has constant financial problems, but is "scraping by". Basic necessities can usually be paid for, but delays occur. Family borrows money frequently and bills are not paid on time Often one essential purchase has to be delayed so that another may be paid for (e.g. doctor s visit needed so school clothes cannot be bought). Income may fluctuate but family is not suffering and debts are eventually repaid. Family seeks improvement in addressing economic needs.

(3) <u>Moderate Strength</u>: Family has occasional financial problems. Basic necessities are almost always paid for. Bills are usually paid on time. Money is available for small emergencies. Income is fairly stable.

(4) <u>Solid Strength</u>: Family has no continuing financial problems. Family is able to afford all necessities of daily living (rent, clothing, food, transportation, medical expenses, utilities), with some money available for recreation and amenities. Modest savings may be possible.

(5) <u>Clear Strength</u>: Family has no financial problems. Necessities and recreation are easily paid for. Family has some money in savings or other investments.

8. Ability to solve family disputes without violence

** This item refers to the family s ability to resolve conflicts.

(1) <u>Weak Strength</u>: Physical violence resulting in injury to an adult or child in the home has occurred and there may be threats of continuing violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children. Family seeks improvement regarding conflict resolution.

(2) <u>Mild Strength</u>: There are more periods of arguments than of peace and quiet.   Since contacts often end in conflict; parents may withdraw from each other.   There is little tolerance and "grudges" are held for long periods of time. Children are often the focus of arguments and may be blamed for adult conflicts. Family seeks improvement regarding conflict resolution.

(3) <u>Moderate Strength</u>: Physical abuse toward children has not occurred, or complaints/substantiations of abuse have occurred but satisfactory progress is being made through counseling or provision of other services. Family members solve problems without violence.

(4) <u>Solid Strength</u>: There are attempts at problem solving, but these are not always successful and channels of communication may temporarily close.   Children are sometimes drawn into arguments between parents. There seems to be a strong emotional tie between adults and they usually support each other in important matters.

(5) <u>Clear Strength</u>: Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems nonviolently. Also refers to families in which domestic violence has occurred but no longer occurs due to family s success in counseling and family actively discourages violence.

D. Family's Relationship with Community

This sub-scale should be used when a family is participating in an activity or series of activities that either relate to the community or relate to involvement with the community.

1. Family's knowledge of available human services

**This item refers to a family s level of knowledge regarding human services that are available within the community. (The individual child, parent, or family is referred to as "family" in the definitions).

(1) <u>Weak Strength</u>: The family is not familiar with the community and does not know about available human services located within the community. This FRC may be the first agency the family has come to for services. The family is interested in learning more about the available human services.

(2) <u>Mild Strength</u>: The family has some knowledge of the community and some knowledge regarding available human services located within the community. Family may have some knowledge of services because they have been mandated to participate in them (i.e. AA group, IFPS, health department for vaccines, etc). The family is interested in learning more about the available human services.

(3) <u>Moderate Strength</u>: The family has adequate knowledge about the community and adequate knowledge regarding available human services within the community. The family accesses human services as needed. The family is interested in increasing their knowledge about the available human services.

(4) <u>Solid Strength</u>: The family has good knowledge about the community and good knowledge regarding available human services within the community. The family accesses human services as needed, and the family knows where to get information regarding services they may need but have not yet accessed.

(5) <u>Clear Strength</u>: The family has excellent knowledge about the community and excellent knowledge regarding available human services within the community. The family accesses human services as needed, and has a network available to get additional information or resources if needed. The family is a source of information for other families within the community regarding available human services.

2. Linkages between family and human services

**This item refers to knowledge and the contacts between the family and the community

(1) <u>Weak Strength</u>: The family lacks information about the community and community resources. The family has not yet had contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(2) <u>Mild Strength</u>: The family has some information about the community and community resources. The family has had limited contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(3) <u>Moderate Strength</u>: The family has adequate information about the community and community resources. The family is involved in community activities and accesses human services as needed. The family would like to expand their involvement with desired community and human services agencies.

(4) <u>Solid Strength</u>: The family has good information about the community and community resources. All family members are actively involved with the community and they access human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future.

(5) <u>Clear Strength</u>: The family has excellent knowledge about the community and community resources. All family members are actively involved with the community and all family members access community resources or human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future. The family serves as a resource and link between other families and community resources.

3. Relations between family and human services staff

**This item refers to the nature of the relationship between a family and human services staff within the community, including the family support/resource program.

(1) <u>Weak Strength</u>: The family has no relationship or a poor relationship with community and human service staff members and the family has little or no prior relationship with the family support/family resource program staff. The family would like to improve or develop relationships with community and/or human services staff, including the family support/family resource program staff members.

(2) <u>Mild Strength</u>: The family has some relationship with community and human services staff members and some relationship with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(3) <u>Moderate Strength</u>: The family has adequate and consistent relationships with community and human services staff, and adequate and consistent relationships with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(4) <u>Solid Strength</u>: The family has good and consistent relationships with community and human services staff, and good and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family resource program staff.

(5) <u>Clear Strength</u>: The family has excellent and consistent relationships with community and human services staff and excellent and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family

resource program staff. The family acts as a resource to facilitate relationships between other families and community and/or human services staff.

4. Family's participation in FS program governance

**This item refers to a family s involvement in the governance and administration of the family support/family resource program (i.e. board of directors etc.).

(1) <u>Weak Strength</u>: The family is not involved in the governance and administration of the family support/family resource program. The family desires involvement in the governance and administration of the program.

(2) <u>Mild Strength</u>: The family has had limited involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(3) <u>Moderate Strength</u>: The family has adequate involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(4) <u>Solid Strength</u>: The family has had good involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program.

(5) <u>Clear Strength</u>: The family has had outstanding involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program. The family has actively encouraged other families to participate in the governance and administration of the program.

E. Overall Individual Functioning

This sub-scale should be used when an individual adult is participating in an activity or series of activities that pertain to his or her development as an individual. While the items are similar to the items on the "Overall Parent Functioning" sub-scale, this scale should only be used for individuals participating in activities that do not pertain to increased child, parent, or family functioning, but pertain mainly to the individual. The individual and staff member should use their best judgment to make this determination. These activities may include GED classes, budgeting workshops, employment skills courses or coursework, etc.

1. Individual's skills, knowledge, and attitudes

** This item refers to an individual s overall skills, knowledge and attitudes.

(1) <u>Weak Strength</u>: Individual reports that he or she has limited skills and knowledge. He or she may not have completed high school or GED. Individual is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Individual reports strict and rigid attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development.

(2) <u>Mild Strength</u>: Individual reports that he or she has some varied skills or knowledge. He or she may have completed high school or GED. Individual may have developed skills and knowledge through school, training opportunities, and personal experience. Individual reports some strict and rigid attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development.

(3) <u>Moderate Strength</u>: Individual reports that he or she has varied skills and knowledge. He or she may have completed high school or a GED. Individual may have developed skills and knowledge primarily through school and training opportunities. Individual reports some set attitudes about certain topics. Individual is interested in pursuing further skills and knowledge development and he or she is actively pursuing these opportunities. He or she also may have completed some college (a 2 year degree).

(4) <u>Solid Strength</u>: Individual reports that he or she has broad skills and knowledge. He or she may have completed high school or a GED. Individual may have developed skills and knowledge primarily through school and training opportunities. Individual reports flexible attitudes about certain topics. Individual is goal-oriented and actively pursuing further skills and knowledge development to further his or her specific goals. He or she also may have a four-year college degree.

(5) <u>Clear Strength</u>: Individual reports broad and varied skills and knowledge. He or she may have completed high school or a GED. Individual may have developed specialized skills and knowledge primarily school or training opportunities. Individual reports flexible attitudes about a number of topics. Individual is goal oriented, and actively pursuing further skills and knowledge development to further his or her specific goals. He or she actively encourages others to pursue further skills and knowledge development. He or also may have a graduate degree (Masters, Ph. D., J. D., etc.).

2. Individual's sense of support in parenting role

** This item refers to the sense of overall support an individual experiences from key others.

(1) <u>Weak Strength</u>: Individual occasionally feels supported by partner but experiences inconsistencies in support; individual experiences limited support and some negative support from extended family; parent reports having limited support network that he or she desires to expand (i.e. very few or no friends, neighbors, church and/or community friends).

(2) <u>Mild Strength</u>: Individual reports positive emotional and tangible support from partner but would like more support; individual experiences generally positive support from extended family; individual reports an adequate support network that he or she may want to expand (i. e. limited number of close friends, neighbors, church, and/or community friends).

3) <u>Moderate Strength</u>: Individual reports positive emotional and tangible support from partner that is adequate; individual seeks out and receives positive support from extended family; individual reports having a strong support network (i. e., adequate number of close friends, neighbors, church, and/or community friends).

(4) <u>Solid Strength</u>: Individual reports strong and consistent emotional and tangible support from partner; individual seeks out and receives positive support from varied extended family; individual reports a strong and varied support network (i.e. close and casual friends, neighbors, church, and/or community friends).

(5) <u>Clear Strength</u>: Individual reports strong, consistent and reciprocal emotional and tangible support from partner; individual reports strong and reciprocal support from varied extended family; individual reports a large, strong, and varied support network (i.e. many close and casual friends, neighbors, church, and/or community friends).

3. Individual's physical health

** This item refers to an individual s overall physical health.

(1) <u>Weak Strength</u>: Individual has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that impairs his/her functioning significantly. Individual reports few personal resources or tangible supports to deal effectively with this condition. Individual would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Individual has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that may impair his/her functioning. Some everyday activities are negatively affected by this condition, while other activities are not. Individual has some personal resources and tangible supports to deal effectively with this condition. Individual would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Individual may or may not have an acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.). If present, the condition rarely affects functioning. If not present, individual has good overall health and nutrition, although he or she participates sporadically in exercise. Individual has good personal resources and tangible supports to deal effectively if condition is present.

(4) <u>Solid Strength</u>: Individual has good overall health and nutrition. Individual participates regularly in exercise activities, and in maintaining good nutritional habits. Individual has good resources and tangible supports that encourage these positive habits.

(5) <u>Clear Strength</u>: Individual has excellent overall health and nutrition. Individual actively encourages regular physical activities and healthy eating habits of any children and partner. Individual participates by self, and with children and partner in regular exercise activities and in good eating habits. Individual has good personal resources and supports that encourage these positive habits.

4. Individual's mental health

** This item refers to an individual s overall mental health.

(1) <u>Weak Strength</u>: Individual has at least one type of mental disability (i. e., depression, bipolar disorder, substance abuse, psychosis, etc.) that impairs his/her functioning significantly. Individual has few personal resources or tangible supports to deal effectively with this issue. Individual would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Individual has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that may impair his/her functioning occasionally. The issue may affect some everyday activities, while other activities are not. Individual has some personal resources or tangible supports to deal effectively with this issue. Individual would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Individual may or may not have a type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.). If present, the issue rarely affects functioning. If not present, individual has good overall mental health, although he or she may be experiencing some type of psychological stress (i. e., job difficulties, a difficult family relationship, etc.). Individual has good resources or tangible supports to deal effectively with the issue or stress if present.

(4) <u>Solid Strength</u>: Individual has good overall mental health and self-esteem. Individual does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Individual has good personal resources or tangible supports that encourage positive mental health and self-esteem.

(5) <u>Clear Strength</u>: Individual has excellent overall mental health and self-esteem. Individual actively encourages building positive self-esteem and maintaining positive mental health with child and partner. Individual does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Individual has good personal resources or tangible supports that encourage these positive traits.

5. Individual's educational attainment

** This item refers to an individual s level of education and training.

(1) <u>Weak Strength</u>: Individual has not completed high school or a GED. Individual is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Individual is interested in increasing his or her education or training.

(2) <u>Mild Strength</u>: Individual has completed high school or a GED. Individual is "self-taught" and skilled. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training.

(3) <u>Moderate Strength</u>: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she also may have completed some college (i.e. an Associate degree).

(4) <u>Solid Strength</u>: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she is currently pursuing new educational opportunities. He or she also may have completed a four-year college degree, and he or she may have completed some graduate level work.

(5) <u>Clear Strength</u>: Individual has completed high school or a GED. In the past, individual has actively pursued further education or training opportunities. Individual is interested in increasing his or her education or training. He or she also may encourage others to pursue continued education and he or she may help facilitate continuing education opportunities. Individual also may have completed a graduate degree (i.e. Masters degree, Ph. D., J. D., etc.).

6. Individual's leadership skills

** This item refers to an individual s leadership skills at home, work, or within the community

(1) <u>Weak Strength</u>: Individual sees self as a participant rather than as a leader at home, work, and/or community settings. Individual doesn't like to assume authority in different areas and prefers others to assume leadership roles. Individual likes role as a participant.

(2) <u>Mild Strength</u>: Individual sees self as a participant rather than as a leader at home, work, and/or community settings. Individual has not felt comfortable assuming authority but is willing to assume leadership roles. Individual likes role as a participant but may be interested in limited leadership roles.

(3) <u>Moderate Strength</u>: Individual has assumed roles as both a leader and as a participant at home, work, and/or in the community. Individual expresses some interest in assuming a broader range of leadership roles. Individual seeks increased leadership roles.

(4) <u>Solid Strength</u>: Individual has assumed a number of leadership roles at home, work, and/or community. Individual enjoys assuming an authority position. Individual seeks broader and deeper leadership roles.

(5) <u>Clear Strength</u>: Individual has assumed a number of leadership roles at home, work, and/or community, and is widely recognized by others for leadership. Individual enjoys assuming an authority position. Individual is recognized for excellent leadership skills and abilities.

7. Individual's participation in community groups and activities

** This item refers to an individual s level of involvement within the community.

(1) <u>Weak Strength</u>: Individual rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) <u>Mild Strength</u>: Individual participates in some community groups and activities. Individual prefers role as a participant in community groups and activities over role as a leader. Individual expresses some interest in participating in more community activities and/or groups.

(3) <u>Moderate Strength</u>: Individual participates in community groups and activities on a regular basis. Individual may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Individual expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) <u>Solid Strength</u>: Individual has assumed a number of leadership roles at home, work, and/or community. Individual enjoys assuming an authority position. Individual seeks broader and deeper leadership roles.

(5) <u>Clear Strength</u>: Individual has assumed a number of leadership roles at home, work, and/or community, and is widely recognized by others for leadership. Individual enjoys assuming an authority position. Individual is recognized for excellent leadership skills and abilities.

7. Individual's participation in community groups and activities

** This item refers to an individual s level of involvement within the community.

(1) <u>Weak Strength</u>: Individual rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) <u>Mild Strength</u>: Individual participates in some community groups and activities. Individual prefers role as a participant in community groups and activities over role as a leader. Individual expresses some interest in participating in more community activities and/or groups.

(3) <u>Moderate Strength</u>: Individual participates in community groups and activities on a regular basis. Individual may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Individual expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) <u>Solid Strength</u>: Individual participates in community groups and activities on a regular basis. Individual has assumed some leadership roles within community groups and activities. Individual may express some interest in assuming a broader range of leadership roles. Individual is a link between community groups and/or activities and members of their community.

(5) <u>Clear Strength</u>: Individual participates in community groups and activities very regularly. Individual has assumed a number of leadership roles within community groups and activities. Individual enjoys assuming an authority position in community settings. Individual is recognized for excellent leadership skills and activities within the community, and he/she is widely viewed as a community leader.

Appendix G
North Carolina's FRC, Adoption Support & Respite Outcomes' Model
Final Version March 2006

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To maintain information about community human service resources; to provide individuals with descriptive information about the agencies or organizations which offer services; and/or to link people who need assistance with appropriate service providers	Link clients with appropriate services/resources	**Information & Referral, Resource Linkage**: This category includes programs whose primary purpose is to maintain information about human service resources in the community and to link people who need assistance with appropriate service providers and/or to supply descriptive information about the agencies or organizations which offer services. The information and referral process involves establishing contact with the individual, assessing the individual's long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the individual's needs have been met.	Summary/descriptive statistics of time and frequency of information and client referrals. (Would not typically be used for Individual Statistics, therefore not NCFSOS scales would be used. This service type would be used for Summary Statistics.)
To develop/enhance parenting skills; to provide opportunities for parents to share experiences and concerns with peers in structured support groups; to increase parent support networks; and/or to foster active participation of parents in their children's education.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent Education** This category includes formal instruction programs in child development, parenting skills, *and rights of parents and children.* Examples include: Parent Education Programs such as Parents As Teachers and Master Parents. It also includes Parent Involvement programs intended to foster active participation of parents in their children's education.	North Carolina Family Support Outcome Scale (NCFSOS) Subscales: • *A, Overall Child Functioning (optional-only possible if child is also participating in the activity)* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to Community (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
	A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent Support Groups:** It includes opportunities for parents to share experiences and concerns with peers in structured support groups. Parent Support groups for specific groups including teen parents, parents of children with special needs, fathers only, grandparents who are raising grandchildren, and non-English speaking parents*, etc*.	North Carolina Family Support Outcome Scale (NCFSOS) Subscales: • *A, Overall Child Functioning (optional-only possible if child is also participating in the activity)* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to Community (optional)*
To offer temporary, substitute living arrangements for dependent adults and children in order to provide a brief period of relief for their regular caregivers; and to offer services of substitute caregivers that provide respite care services in the individual's home.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Respite Care:** This category includes programs that offer temporary *care* arrangements children in order to provide a brief period of relief or rest (usually more than twenty-four hours) for the family members, guardians or other people who are their regular caregivers.	NCFSOS Subscales: • *A, Child Functioning* • *B, Parent Functioning (optional-if parent is concurrently participating in another activity)* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*

GOALS	OBJECTIVES	SERVICE TYPES & DESCRIPTIONS	OUTCOMES
(**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	(NCFSOS subscale items)	(definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	(NCFSOS subscales—see objectives' column for actual items under each subscale)
To educate and promote the physical and mental health and well-being of community residents.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation.	**Health Education:** This category includes ongoing programs designed to promote the physical and mental health and well-being of community residents. Examples include health screenings, *HIV education,* immunizations, WIC distribution/commodities' distribution, regularly scheduled health education programs, and substance abuse prevention or rehabilitation programs.	NCFSOS Subscales: • *A, Overall Child Functioning (optional)* • *B, Overall Parent Functioning (optional)* • *C, Overall Family Functioning (optional)* • *D, Family's Relationship to Community (optional)* • *E, Overall Individual Functioning (optional)*
To improve adult literacy; to provide adult education classes and enhance ongoing life skills and financial management.	(B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation	**Adult Education:** This category includes one-on-one or group adult literacy classes; Adult Basic Education, GED, English as a Second Language and Adult High School classes through local community college; and ongoing life skills and financial management courses.	NCFSOS Subscales: • *B, Overall Parent Functioning (optional)* • *C, Overall Family Functioning (optional)* • *D, Family's Relationship to Community (optional)* • *E, Overall Individual Functioning (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To enrich the educational and psychological development of children and youth; and to foster a healthy self-identity and responsible choices in children/youth.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Child _and Youth_ Development:** This category includes programs emphasizing the social and psychological development of children and youth, in addition to educational enrichment. It includes: guided play programs for infants and toddlers; programs focusing on social/psychological development of pre-school children; mentoring programs; summer and after-school enrichment and recreational programs/camps such as Scouts and 4-H groups; and youth programs intended to build a healthy self-identity and foster responsible choices in areas such as careers and alcohol and drug abuse.	NCFSOS Subscales: • _A, Overall Child Functioning_ • _C, Overall Family Functioning (optional)_ • _D, Family's Relationship to the Community (optional)_
To enhance the academic achievement of children and youth.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Academic Success/Tutoring:** This category includes all programs whose primary purpose is to foster the _academic achievement_ of children and youth, pre-K through 12th grade. Examples include after-school and summer educational/tutoring programs; out-of-school suspension programs; and lending library programs that loan out educational materials (e.g., books, educational videos and educational toys).	NCFSOS Subscales: • _A, Overall Child Functioning_ • _C, Overall Family Functioning (optional)_ • _D, Family's Relationship to the Community (optional)_

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To arrange permanent homes for children whose birth parents are unable or unwilling to provide for their care. To support positive outcomes for people who want to relinquish their children for adoption or arrange for an independent adoption; To develop and foster stable living arrangements for children through guardianship and supportive legal services, and to help adoptive parents feel supported.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve/enhance family's knowledge of available human services, linkages to those services, and participation with those services.	**Adoption Promotion & Support**: This category includes programs that participate in arranging permanent homes under new legal parentage for children whose birth parents are unable or unwilling to provide for their care. Included are programs that provide counseling and assistance for people who want to relinquish their children for adoption or arrange for an independent adoption; which recruit, select, counsel and match suitable adoptive parents with children who have been relinquished; which assist in the adoption of foreign-born children or stepchildren; and which provide foster care for children who have been relinquished for adoption but not yet placed. This category also may include guardianship services, legal services, and support groups around the issues of adoption or guardianship. Further, programs that coordinate the activities of multiple agencies involved with adoption services also are included.	NCFSOS Subscales: • *A, Overall Child Functioning* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to Community (optional)*

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To enhance the independent living conditions of individuals with daily living difficulties via ensuring coordination and delivery of needed services; and/or to transition these individuals from hospitalization to independent living.	(A) Improve/enhance child development, physical/ mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge, and attitudes; sense of support, physical/mental health, education, leadership skills, & community participation.	**Service Coordination/Case Management** The category includes helping children and their families be aware of their rights; gaining access to services; providing a single point of contact for the families; coordinating evaluations and assessments; developing, reviewing, and evaluating individualized family service plans; assisting families in identifying available service providers; coordinating services; inform families of advocacy services; coordinating with medical providers; and facilitating transition plans to preschool or other settings. This category also includes activities to assist and enable eligible children and their families to receive early intervention services under the Individuals with Disabilities Education Act (IDEA).	NCFSOS Subscales: • **A, Overall Child Functioning (optional)** • **B, Overall Parent Functioning (optional)** • **C, Overall Family Functioning** • **D, Family's Relationship to the Community (optional)** • **E, Overall Individual Functioning (optional)**
To provide/enhance employment skills and increase employment opportunities for individuals; to enhance economic self-sufficiency of individuals, and improve child and family outcomes.	(B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance. (E) Improve/enhance individual's skills, knowledge and attitudes; sense of support, physical/mental health, education, leadership skills, and community participation.	**Occupational Skills/Job Readiness/Job Placement:** This category includes programs that provide family members with the job skills and resources needed to obtain employment and become economically self-sufficient, which improves child and family outcomes. It includes regularly scheduled job readiness programs; one-on-one or group job search and job placement counseling and assistance; job internship programs; computer skills programs or other skills development programs whose primary purpose is development of skills for employment; and all Work First collaboration programs.	NCFSOS Subscales: • *B, Overall Parent Functioning (optional)* • *C, Overall Family Functioning (optional)* • *D, Family's Relationship to Community (optional)* • *E, Overall Individual Functioning (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To develop and/or enhance skills that strengthen the inter-relational understanding and participation between parent and child(ren)	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent/Child Participation Programs:** This category includes educational, developmental, and interactive programs having components specifically designated for parents and children in the same family. Examples such as literacy programs, parent/child developmental programs, and playgroups are included.	NCFSOS Subscales: • *A, Overall Child Functioning* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*
To enhance the parenting and relationship-building skills of fathers in non-traditional familial situations with their children.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Fatherhood**: This category includes support groups and activities for males who share a common characteristic or circumstance such a being prospective caregivers; single parents; and non-custodial parents who come together for educational and developmental purposes.	NCFSOS Subscales: • *A, Overall Child Functioning (optional)* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*

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To enhance the health and well-being of married or cohabitating persons, individually and as a couple in order to improve child and family outcomes.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Healthy Marriages**: This category includes programs that support the development of effective communication and conflict management skills among married or cohabitating persons. These programs foster mutually enriching relationships based on respect among the married or cohabiting partners that lead to enhanced child and family outcomes.	NCFSOS Subscales: • *A, Overall Child Functioning (optional)* • *B, Overall Parent Functioning (optional)* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*
To develop and/or strengthen child and family well-being through strengthened religious organizations and communities.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Faith-Based Programs**: This category includes programs that strengthen religious organizations and their communities, as they in turn strengthen and enhance families' well-being.	NCFSOS Subscales: • A, Overall Child Functioning (optional) • B, Overall Parent Functioning (optional) • C, Overall Family Functioning • D, Family's Relationship to the Community

Not included in the Service Types & Descriptions are **Transportation/Child Care Support Services** & **Community Building** from Micklem's Report.

Alter, C. & Egan, M. (1997). Logic modeling: A tool for teaching critical thinking in social work practice. *Journal of Social Work Education, 33* (1), 85-102.